**Juvenile/All Stars Player Membership**  ⬜ **Family/Clann Membership** ⬜

Youth Membership: Player in Junior Infants/ Magpie All Stars €50.00

Youth Membership: Player Senior Infants – Fé18(U18 Jan 1st) €135.00

\*Family Membership\*: €300.00

\*(*Employed Child/Children do not qualify for Family Membership*)

\*(*Child/Children born in 2002 or before do not qualify for Family Membership*)

\*(*Family Membership does not include the Gym.Additional Gym costs are €100pp* *per year)*

**Details for Membership: Please Tick- Juvenile Boys, Ladies Football, Camogie, Magpie All Stars**

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|  | **Child(s) Name/Ainm** | | **Date of Birth** | **School/Scoil** | | | **Juv**  **Boy** | **LF** | | **Cam** | | **All**  **Stars** |
| **1.** |  | |  |  | | |  |  | |  | |  |
| **2** |  | |  |  | | |  |  | |  | |  |
| **3** |  | |  |  | | |  |  | |  | |  |
| **4** |  | |  |  | | |  |  | |  | |  |
| **5** |  | |  |  | | |  |  | |  | |  |
| **6** |  | |  |  | | |  |  | |  | |  |
| **Parent(s)/Guardian(s) Details Seeking Membership** | | | | | | | | | | | | |
| **Name / Ainm (1)** | |  | | | | | | | **YES □** | | **NO □** | |
| **Name/ Ainm (2)** | |  | | | | | | | **YES □** | | **NO □** | |
| **Address /Seoladh** | |  | | | | | | | | | | |
| **Email / Rphost** | |  | | | | | | | | | | |
| **Mobile Number: (1)** | |  | | | **Mobile Number: (2)** |  | | | | | | |
| **Parental Consent on behalf of the above named:**  **-I/We** consent to the above named on the Application and to the undertakings of the applicant(s).  **-I/We** understand the personal data will be used by the Club and the Assocation for the contractual purpose of registering or re-registering and maintaining the Applicant(s) Membership**.**  **-I/We** understand that the personal data will be retained by the Club and the Assocation for such period as the Applicant(s) Membership subsists and for a reasonable period thereafter.  -**I/We** understand that I can resign the Applicant(s) Memberhsip by writing to the Club or the Assocation and their Personal Data will then be erased except where the Club or the Assocation has a clear justification to retain Personal Data.  **-I/We** understand that the Applicant(s) Personal Data will be also used for administrative purposes to maintain their membership incl:club and team administration,registrations,teamsheets,referee reports,disciplinary matters,injury reports,transfers,sanctions,permits and for statical purposes.  **- I/We** undersatnd that if I do not provide the Applicant(s) Personal Data their Membership cannot be registered with the Club and the Association.  **-**In signing this form, ***I/We*** understand that my child/children must always wear his/her helmet at all times when training/playing at the club and in the ball alley and gum shields must be worn for the purposes of football training and matches.  - *I am* *aware* *that all information regarding Data Protection is available to view on the Midleton Gaa Website in the Membership Section.*  Parent/Guardian’s Signature/Siniu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Medical Information**  Plesase outline any medical informaton (**Allergies,Conditions,Medication**) which may impact on your child’s health,welfare or behavior while participating in our activities:   * I consent to the processing of the personal medical data as outlined above for the purpose of adminstering medical assistance to my child if required * In the event of illness/injury,I give permission for medical treatment to be administered by a nominated first aider or suitably qualified medical practioners. * If I cannot be contacted and my child requires emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.   Signed/Sinithe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

I have read the important Data Protection information and have given my consent by ticking the boxes and signing below for my information to be used as follows: **(Please tick as appropriate):**

□ **To provide me** on my own behalf and on behalf of my child with updates regarding Club activities such as games,training,meetings and Club Events such as fundraising, social occasions and ticket sales etc.

**□ I am aware** that my Child’s photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used in the promotion of Gaelic Games,print,online/digital and social media mediums of communication.

My contact preferences are as follows: **email** □ **SMS text message** □ **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I can withdraw my consent at any time by writing to the Club or my Association. I undertand my rights under the Data Protection legislation.

**Signed/Sinthe**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Guardian**) Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*ARE YOU REGISTERING AS A COACH FOR THE COMING YEAR – 2021 : YES □ No □**

**Please tick if Yes : GAA □ Ladies Football □ Camogie □**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Terms and Conditions**

**(a)** The GAA Club Constitution forms the cornerstone of overall governance of Midleton GAA Club. Each club participant (including participants in Ladies Football and Camogie) is registered as a member of the GAA. The day to day running of each playing code is managed by its own committee. Ladies Football and Camogie are affiliated as clubs with their respective National associations. Each of Ladies Football and Camogie elect / appoint Officers as required by their respective governing constitutions. Ladies Football/ Camogie Officers, players and mentors register as members of their respective association.

**(b)** All players must have FULL Membership paid to avail of insurance/injury benefit fund.

**(c)** All membership applications and renewals are accepted subject to the rules of the Club Constitution.

**(d)** Insurance/Injury Fund.  The GAA reminds all players, that the playing of Gaelic Football & Hurling involves the risk of Injury and it is each individual registered player’s responsibility to familiarise themselves with the terms and benefits of the GAA Injury Benefit Fund. Each player needs to ensure that they have adequate cover in place to meet their own individual needs and personal circumstances. The GAA Injury Benefit Fund is only in place to cover benefits which cannot be claimed elsewhere and is a benefit cover only. Members should not use the fund as their only recourse or be dependent on the fund to compensate them fully for any losses associated with the injury sustained. In the event of a claim following an injury to a Juvenile Player (under 18 years), it is the Parent’s responsibility to fill out the insurance forms and contact the Insurance Company. The Insurance Company will require original receipts for any claims. Please keep copies of these before sending receipts to the insurance company. Please check the Club Registration section of the website to check your clubs code specific Insurance Information as not all funds are the same.

**(e)** GAA Approved Helmets must be worn at all hurling training sessions, warm-ups, games and in the Ball Alley. Players and parents should note that not all products provided by some of the manufacturers meet the standards of IS:355. Once the helmet or faceguard is modified in anyway, the player is playing at an increased risk of injury and is not covered under the terms of the GAA Player Injury Benefit Fund. Injuries suffered when not wearing a helmet will not be covered by the club or the insurance company. Mouthguard’s must be worn for all football games, including warm-ups and training as per GAA rule. Failure to do so will invalidate any insurance claims and the club will not cover any expense accruing from such injuries if the player was not wearing a gum shield.

**(f)** Midleton GAA Clubs Code of Behaviour addresses the minimum appropriate levels of behaviour, practice and conduct required from our Young Players, Coaches, Supporters, Parents/Guardians, Referees and Clubs. It is the responsibility of all members to be familiar with the guidelines.

All information pertaining to Club Membership; Rates, Application Forms, Code of Behaviour, Injury Benefit Funds and Claims Procedures can be found on the Membership Section of the Club website. [www.midletongaa.com/membership](file:///D:\AppData\Local\Temp\Ruth\www.midletongaa.com\membership)

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| --- | --- | --- | --- |
| For Membership Officer & Registrars Use Only | | | |
| Family Membership Name (If applicable): | |  | |
| Total Number of persons on this application | |  | |
| Name: | Unique ID: | | Registered ⬜ Date: |
| Name: | Unique ID: | | Registered ⬜ Date: |
| Name: | Unique ID: | | Registered ⬜ Date: |
| Name: | Unique ID: | | Registered ⬜ Date: |
| Name: | Unique ID: | | Registered ⬜ Date: |
| Name: | Unique ID: | | Registered ⬜ Date: |
| Name: | Unique ID: | | Registered ⬜ Date: |