

Cratloe GAA Club - Juvenile Membership Form

Please enclose Juvenile Membership which covers cost of insurance.

€35 per player - €90 max for 3 or more children.

Name of Youth Member: _____

Date Of Birth: _____

Address: _____

School Attended: _____

Parents/Guardian's Names: _____

Telephone Numbers: _____

Email Address: _____

Contact Address (if different to above) _____

Telephone number (if different to above) _____

Does Your Child suffer from any illness that the club should be aware of:

Does your child have an allergy to any food? _____

Do you have any objections to photographs of your child/child's team being put up on the Club website or community newsletter? Yes No

Do you have any objection to training sessions or matches that your child/child's team is participating in, being video recorded? Yes No

Do you give consent for the Team Manager to text your child directly with info about training or a match? Yes No N/A

In the event of accident/illness requiring hospitalisation, where I cannot be reached, I give permission for the coach/mentor to sign on my behalf, if urgent treatment is required.

Yes No

I have read & accept the Club's Code of Conduct & Best Practice policy and will adhere to the rules as outlined in the policy. See www.cratloegaa.com

Signature of Parent/Guardian _____ Date _____

Signature of Player _____ Date _____

Welcome to Cratloe GAA Club — Ar Aghaidh Linn