

**Club Use.....**

	Money
	Car Sticker



# 2015

## Membership Registration Form

	Name	DOB	Football	Ladies FB	Hurling	Camogie
<i>(please tick as appropriate)</i>						
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address: \_\_\_\_\_

Contact nos: Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail: \_\_\_\_\_

<b>Membership Type:</b>	Adult (€50) <small>(Non-Playing)</small>	<input type="checkbox"/>	Juvenile (€ 40) <small>(13-18 Y.O.)</small>	<input type="checkbox"/>	Student (€ 60) <small>(Over 18 with valid student ID)</small>	<input type="checkbox"/>
	Adult Playing (€110)	<input type="checkbox"/>	12 and Under (€25)	<input type="checkbox"/>		
	Family (€ 75) <small>(2 non-playing Adults and all children U18)</small>	<input type="checkbox"/>	Club Moorefield (€5 P.W) <small>(1 adult and all children U18)</small>	<input type="checkbox"/>	Club M'field (€10 P.W) <small>(2 adults, all children U18 and Students.)</small>	<input type="checkbox"/>

**Consent and Declaration**

I/we hereby apply to Moorefield GAA Club for Membership, and/or I/we consent to the application for Youth Membership of Cumann Lúthchleas Gael (The GAA) of the U18 applicants listed above. I/we subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The GAA) and to abide by its Rules and I/we attach herewith the appropriate fee.

I/We give permission for the U18 players listed above to participate in gaelic games and other related activities with Moorefield GAA Club.

**Medical History:**

Please provide details of Child's/Children's Special Needs or medical history (i.e. Details of any known allergies, conditions or medications). Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child's/children's welfare or behaviour while participating in our sports:

\_\_\_\_\_

\_\_\_\_\_

**Illness and Injury:**

In the event of illness or injury, I/we give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I/we cannot be contacted and my child needs emergency hospital treatment, I/we authorise a qualified medical practitioner to provide emergency treatment or medication.

**Travel:**

I/We give permission for my child/children to travel to and from away games and other related activities while in the care of Moorefield GAA Club.

**Photographs:**

I/We agree that photographs or recorded images may be taken during or at sport related activities, which may include my child/children and may subsequently be used in the promotion of our games.

**Text messaging:**

I/We give permission for Moorefield GAA Club to use group text messaging relating to the participation of my child/children in relation to Moorefield GAA Club's games and sport related activities.

**Code of Best Practice in Youth Sport**

I/We have read and accept the rules and procedures as set down in the Code of Best Practice in Youth Sport, Our Games Our Code. (online at [http://www.gaa.ie/content/documents/publications/child\\_welfare/Our-Games-Our-Code-Dec-2012.pdf](http://www.gaa.ie/content/documents/publications/child_welfare/Our-Games-Our-Code-Dec-2012.pdf))

**Sínte/signed** \_\_\_\_\_

**Date** \_\_\_\_\_