

Cumann Lúthchleas Gael Bhaile Garbháin – Roinn na nÓg



Youth Membership Form

Player Information:

Ainm/Name: _____

Dáta Breithe (DOB): ___/___/___

Seoladh / Address:

Scoil / School: _____

I hereby apply to: BALLYGARVAN GAA Club for Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association) Bhaile Garbháin. I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules. I attach herewith the appropriate membership fee as determined by the above Club.

Sínithe/Signed _____ Dáta: _____

Print Name: _____

Parent / Guardian Information:

Ainm / Name: _____

Fón Póca/Mobile 1: _____ Fón Póca/Mobile 2: _____

Baile/Home: _____

Ríomhphost / Email: _____

I am willing to have the above names and contact information included in a Club Directory, to be distributed to Club members.

Yes No

We/I acknowledge that Cumann Lúthchleas Gael Bhaile Garbháin have implemented a Code of Behaviour which is available at www.ballygarvangaa.ie. I am/we are committed to implementing this code. I/we give permission for my child's picture to be published/displayed as part of a team and/or club activity in electronic or printed media. **We/I consent to the above Application and to undertakings given by the Applicant.**

Sínithe / Signed: _____ Dáta: _____

Print Name: _____

Sonraí Leighis Cuí / Please provide details of any **medical conditions** which are relevant to participation in club activities:

For official Use only: Youth membership approved by Club Executive on: _____

Sínithe: _____ Club Rúnaí

Registered in Central Membership Database on _____ Member ID number _____