**Child/Youth Membership Application Form**

**Child 1 Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership Identification Number:**

GAA

Cam.

\_\_\_\_\_\_\_\_\_\_\_\_

LGFA

 **Seoladh/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Gender:**

 **Female players ONLY-**Select as appropriate: Camogie Ladies Football

Please outline any medical information (i.e. allergies, conditions, medication) which may impact

on your child’s health, welfare or behaviour while participating in our activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Membership Identification Number:**

GAA

Cam.

\_\_\_\_\_\_\_\_\_\_\_\_

LGFA

**Child 2 Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Seoladh/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Gender:**

 **Female players ONLY-**Select as appropriate: Camogie Ladies Football

Please outline any medical information (i.e. allergies, conditions, medication) which may impact

on your child’s health, welfare or behaviour while participating in our activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Membership Identification Number:**

GAA

Cam.

\_\_\_\_\_\_\_\_\_\_\_\_

LGFA

**Child 3 Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Seoladh/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Gender:**

 **Female players ONLY-**Select as appropriate: Camogie Ladies Football

Please outline any medical information (i.e. allergies, conditions, medication) which may impact

on your child’s health, welfare or behaviour while participating in our activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Membership Identification Number:**

GAA

Cam.

\_\_\_\_\_\_\_\_\_\_\_\_

LGFA

**Child 4 Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Seoladh/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Gender:**

 **Female players ONLY-**Select as appropriate: Camogie Ladies Football

Please outline any medical information (i.e. allergies, conditions, medication) which may impact

on your child’s health, welfare or behaviour while participating in our activities.

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I hereby apply to Glynn Barntown **GAA/Camogie/LGFA** Club (‘the Club) for membership of the Club and the Association (Association e.g. Cumann Lúthchleas Gael, Ladies Gaelic Football Association, Camogie Association)

I subscribe to and undertake to further the aims and objectives of Glynn Barntown **GAA/Camogie/LGFA** Club to abide by its Rules including the **Code of Behaviour (Underage)**, which is available at:

<http://res.cloudinary.com/dvrbaruzq/image/upload/kpvdgvxkkdnbqkxl8ypv.pdf>

**Sínithe/Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dáta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Parent or Guardian’s Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s Contact Email (If available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I consent to the processing of the personal medical data as outlined above for the purpose of administering medical assistance to my child/children if required.
* In the event of illness/injury, I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners.
* If I cannot be contacted and my child requires emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**Parent(s)/Guardian(s), on behalf of the above named:-**

* We/I consent to the above Application and to undertakings given by the Applicant(s).
* We/I understand the personal data on this form will be used by the Club and the Association for the contractual purpose of registering (or re-registering) and maintaining the Applicant’s Membership.
* We/I understand that the Personal Data will be retained by the Club and the Association for such period as the Applicant’s Membership subsists and for a reasonable period thereafter.
* We/I understand that I can resign the Applicant’s Membership by writing to the Club or the Association and their Personal Data will then be erased except where the Club or the Association has a clear justification to retain such Personal Data (e.g. for child safeguarding purposes).
* We/I understand that the Applicant’s Personal Data will also be used for administrative purposes to maintain their Membership including club and team administration, registrations, teamsheets, referee reports, disciplinary matters, injury reports, transfers, sanctions, permits and for statistical purposes.
* We/I understand that if I do not provide the Applicant’s Personal Data their Membership cannot be registered with the Club and the Association.

**Sínithe/Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Dáta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

I have read the important Data Protection information on the reverse of this form 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/children with updates regarding Club activities such as games, training, meetings and club events

I am aware that my child/childrens’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 understand my rights under Data Protection legislation, as outlined on later on this form

**Sínithe/Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Dáta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| --- |
| **For Official Use only:** Registered in Central Membership Database on \_\_\_\_\_\_\_\_\_\_\_\_ Upon election, your membership details will be entered on the Association’s membership database in accordance with Rule **\*NB:** If Clubs decide to collect medical data on membership forms, this should not be added for example to the Servasport system. Only personal data requested on the master template should be included.  |