**Child/Youth Membership Application Form**

**Child 1 Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

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

**Child 2 Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

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

**Child 3 Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

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

**Child 4 Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

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

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

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

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

I have read the important Data Protection information below and have given my consent, by ticking the boxes and signing below, for my information to be used as indicated.

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 at the bottom of this page..

**Medical Consent**

* 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.

**Photo Consent**

* I am aware that photograph or video images may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used by the Club for items like match programmes, year books, match reports, event reports or on the Club website or social media channels.

**Communications Consent**

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

My contact preferences are as follows: Email SMS text message Other

**Parent(s)/Guardian(s), on behalf of the players names on page 1:**

* 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, team sheets, 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) Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Data Protection Notice**

Your personal data is being collected on this form in order to register with Glynn Barntown GAA, Camogie or Gaelic Ladies Football Club. Your personal data is being processed in accordance with Article 9(2)(i) of the General Data Protection Regulation, and Section 53 of the Data Protection Act 2018. The information you provide on this form will not be used for any other purpose, and will be strictly confidential. Your Association (GAA/LGFA/Camogie) and your Club are Joint Data Controllers for the information on this form. Your information will be stored on the Games Management System provided by the GAA’s Data Processor, Dawson Andrews, who we have a contract with to ensure the security of your data. This form will be accessible only by the designated COVID Supervisors in your Club, and designated employees of the GAA. Your personal data will be retained for 3 weeks.

If you have any queries in relation to this, you can contact your Club Secretary, or Your Association’s Data Protection Officer:

 GAA – dataprotection@gaa.ie, or +353 1 865 8637, LGFA – dataprotection@lgfa.ie, or +353 1 836 3156,
 Camogie – dataprotection@camogie.ie, or +353 1 865 8651

If you wish to raise a concern or report a breach in relation to your personal data, you can do so via the applicable webforms on the Data Protection Commission’s website at [www.dataprotection.ie](https://www.dataprotection.ie/)