



## Templenoe GAA Club Juvenile Membership Application Form

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Team: \_\_\_\_\_

Manager: \_\_\_\_\_

Child's School: \_\_\_\_\_

I confirm, that as a Parent/Guardian of my child I give permission for him/her to participate in Club games and other related activities.

YES

NO

PLEASE PROVIDE DETAILS OF ANY MEDICAL CONCERNS INCLUDING ALLERGIES OR MEDICATION RELATING TO YOUR CHILD:

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During the season our teams may be photographed or filmed for coaching, match coverage and/or promotional activities solely for the promotion of our Gaelic Games. These images will adhere to the GAA guidelines for filming/ photography. Should you object to your child appearing in such images, please inform the relevant team mentor.

Additionally, information on team training, games or club news will be sent to you, the parent/guardian, via group texts/emails. It is this Club's policy that all such information be sent to the parents/guardians of our under age players rather than directly to the under-age players.

**I accept and understand the GAA Code of Behaviour, on my own behalf and on behalf of my child.**

Signature: \_\_\_\_\_ Text Contact Number: \_\_\_\_\_