



CLAREGALWAY GAA MEMBERSHIP FORM 2013 (Confidential)

Single U10 - U17 €50.00 Adult players 18+ €80.00 Students €50.00
 Family €100.00 (over 18 not included) O.A.P. €20
 Development Membership €5 per week direct debit (includes all family members and lotto free for a year)

Family Name: _____ Address: _____

Mobile: _____ Email _____

Members Name	D.O.B. (if player)	Mobile (if authorized by a parent/guardian)	Medical Conditions/Allergies (if player)

Fathers Name _____ Mothers Name _____

Guardians Name _____ Tel No.....

Fathers Telephone Information (H) _____ (W) _____ (M) _____

Mothers Telephone Information (H) _____ (W) _____ (M) _____

Emergency Contact Person: Name _____ Telephone _____

1. New GAA Rule: Mouthguards must be worn by all players up to and including U18s at training & matches. This is a new compulsory rule introduced by the GAA from Jan. 1st 2013.
2. Permission for my child to be brought to Doctors / Hospital in the event I cannot be contacted if medical attention is needed.
3. During the year we take photos of our teams, individuals and also some at random, some of these pictures are published in the local newspapers, and put on the Club Website.
4. We also use a pool text to contact players regarding matches, times, cancellations etc.

I understand and give my permission for the points above. I as a Parent/ Guardian also agree to abide by the Code of Conduct for Parents/Guardians set out by the Claregalway GAA.

Parent/Guardian _____ Date _____

I as a player agree to abide by the Code of Conduct for Players of the Claregalway GAA

Players Signature _____ Date _____
 Players Signature _____ Date _____
 Players Signature _____ Date _____
 Players Signature _____ Date _____

Adult help is essential for safe and efficient running of the Club.

If you are willing to help in any way please circle the word Yes opposite Yes

If you are a member of a Hurling Club please put name of club here

Date	Membership Type
Amount Paid	
Received by	