

BALLYBODEN ST. ENDA'S G.A.A.CAMOGIE & LADIES FOOTBALL CLUB
FAMILY MEMBERSHIP RENEWAL / APPLICATION FOR YEAR _____

Please read this form and sign after completion

A. Choose ONE of the following four Family Membership Options

Option 1	1 Parent/Guardian, Full or Associate Member, & 1 Child*	€180
Option 2	1 Parent/Guardian, Full or Associate Member, & 2 or more Children*	€270
Option 3	2 Parent/Guardians, Full Members, & 1 Child*	€280
Option 4	2 Parent/Guardians, Full Members, & 2 or more Children*	€350

* Child = Youth, Minor or Student.. (Youth = Born in years 1996 - 2003 (U9 – U16 in 2012). Minor = Born in years 1994-1995 (U17-U18 in 2012). Student = Full time student.)

B. Fill in Parent/Guardian details

PARENT/Guardian 1

NAME: _____

NAME IN IRISH: *(Full members only)* _____

ADDRESS: _____

Membership Type:*(Full or Associate)*: _____ Player*(Yes or No)* _____

PHONE: _____ MOBILE: _____ E-MAIL: _____

Section (if a player) Hurling Football Ladies' Football Camogie

Parent/Guardian 2 (if applicable)

NAME: _____

NAME IN IRISH: *(Full members only)* _____

Membership Type:*(Full or Associate)*: _____ Player*(Yes or No)* _____

Section (if a player) Hurling Football Ladies' Football Camogie

C. Fill in details for each child

	CHILD 1	CHILD 2
FIRST NAME		
SURNAME		
NAME IN IRISH		
DATE OF BIRTH		
SCHOOL (e.g., St. mary's BNS)		
TEAM(e.g., U14)		
SECTION(e.g., Hurling)		
MEDICAL AILMENT (if applicable)		

	CHILD 3	CHILD 4
FIRST NAME		
SURNAME		
NAME IN IRISH		
DATE OF BIRTH		
SCHOOL (e.g., St. mary's BNS)		
TEAM(e.g., U14)		
SECTION(e.g., Hurling)		
MEDICAL AILMENT (if applicable)		

	CHILD 5	CHILD 6
FIRST NAME		
SURNAME		
NAME IN IRISH		
DATE OF BIRTH		
SCHOOL (e.g., St. mary's BNS)		
TEAM(e.g., U14)		
SECTION(e.g., Hurling)		
MEDICAL AILMENT (if applicable)		

D. PAYMENT DETAILS –

Family membership subscription of €_____ enclosed in this envelope

E. CHILD'S RELEVANT MEDICAL CONDITION OR INFORMATION

1. Has any of your children been diagnosed, by a doctor, with any specific illness, conditions, allergies or disabilities of which the club should be aware (i.e., asthma, diabetes?)	YES/NO
2. Is any of your children currently taking medication, which the club should be aware of?	YES/NO
3. Does any of your children need to be in possession of or need to be able to administer medication while participating in GAA games? If YES, can your child administer this medication without assistance?	YES/NO YES/NO

If you have answered **YES** to any of the above questions, please provide details on a separate sheet and enclose it with this application form.

Also, please inform your child's team mentors of relevant medical conditions.

F. COMMUNICATION WITH CHILDREN AND PARENTS.

Information on team training, games or club news will be sent to you on a regular basis via group texts. It is the Club's wish that this information be sent to the parents or guardians of our under-age players rather than directly to the under-age players. The mobile telephone number given will be used for this purpose.

G. PHOTOGRAPHY, CCTV AND IMAGES.

During the season our teams may be photographed or filmed for coaching purposes, or as part of match coverage in newspapers or for the use of our club web site or for publicising our club. Such images will adhere to the GAA Guidelines for use of photography and filming and should you object to any of your children being photographed or filmed, please inform the relevant team managers as part of this registration process.

H. PARENTAL/GUARDIAN CONSENT

I hereby consent to the above children participating in activities of Ballyboden St. Enda's GAA Club in line with the GAA's Code of Best Practice. I will inform the leaders of my children's activities of any changes to the information above.

SIGNATURE _____ DATE _____

NAME IN CAPITALS _____