



Youth Membership Application Form

– Member Details –		
Aimm/Name:		
Dáta Bhreithe / day month	year	
	Club for Membership of the above Lúthchleas Gael (The Gaelic Athletic Association).	
I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.		
Sinithe/Signed:	Date:	
Print Name:		
– Parent / Guardian Application Consent -		
We/I consent to the above Application ar	nd to undertakings given by the Applicant.	
Parent / Guardian 1 Sinithe/Signed:	Date:	
Print Name:		
Parent / Guardian 2 Sinithe/Signed:	Date:	
Print Name:		





Youth Membership Application Form

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Mobile:	_
I would like to receive club notifications by Email	_
Mobile:	_
I would like to receive club notifications by Email	_
oplication approved by Club Executive on Da	te
Club Rur	nai
Membership Database on	_
ation Number:	
	Mobile: I would like to receive club notifications by Email Mobile: I would like to receive club notifications by Email I would like to receive club notifications by Email Oplication approved by Club Executive on





Photography Consent Form

At Oisín CLG we feel it is important to recognise the achievements and successes of our youth and of the club as a whole. One of the ways to do this is to publish photographs and details of achievements in our local press. As a club we would like to use pictures of our youth members in the local press and at times, on the club website.

We take the issue of child safety very seriously and this includes the images of the children in our care. Our duty to our young members is paramount and this form of publicity must be carefully monitored to ensure that it is consistent with our Child Protection Policy and the Data Protection Legislation.

For this reason we have put the following guidelines into place:

- We ask parental consent for the club to take and use photographs of their children and for permission to use the press and media to promote the youth programme.
- Photographs and interviews will at all times take place in the presence of a coach.
- We will only use team photographs and action photographs on our website and facebook page.
- Action and individual photographs will only be used, with parental consent (given below), prior to the inclusion on the club website or in the local press.

_	 Photography Conse 	ent —————	
	I have read the conditions of use and consent to my child/children photograph being used. If there is any change to my decision I will inform the club.		
	Yes No		
	Parent / Guardian 1		
	Sinithe/Signed:		Date:
	-		
	Print Name:		
	Parent / Guardian 2 Sinithe/Signed:		Date:
	Similitie/Signed.		Date.
	Print Name:		
I			





Travel + Medical Consent Form

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted any my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. Yes	– Medical + Emergencies –		
where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted any my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. Yes No Manager Nontact if you are unavailable Name: Parent/Guardian 1 Uimhir Ghugháin / Mobile: Travel Consent I hereby give permission for for trips away and training for the Club. Travel arrangements will be organised by the club and may include cars, minibus or coaches driven by Club coaches and mentors. Yes No Manager Nontact if you are unavailable nontact if you are una	Details of Child's special needs of medical history:		
where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted any my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. Yes	where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted any my child needs emergency hospital treatment, I		
Emergency Contact if you are unavailable Name: Parent / Guardian 1 Uimhir Ghugháin / Mobile: Mobile: for trips away and training for the Club. Travel arrangements will be organised by the club and may include cars, minibus or coaches driven by Club coaches and mentors. Yes No Parent / Guardian 1 Sinithe / Signed: Date:			
If you are unavailable Name: Parent / Guardian 1 Uimhir Ghugháin / Mobile: for trips away and training for the Club. Travel arrangements will be organised by the club and may include cars, minibus or coaches driven by Club coaches and mentors. Yes No Parent / Guardian 1 Sinithe/Signed: Date: Date:	Yes No		
Uimhir Ghugháin / Mobile: Phone: Mobile: For trips away and training for the Club. Travel arrangements will be organised by the club and may include cars, minibus or coaches driven by Club coaches and mentors. Yes No Date: Date:	if you are unavailable		
I hereby give permission for	Uimhir Ghugháin / Mobile:		
I hereby give permission for			
and training for the Club. Travel arrangements will be organised by the club and may include cars, minibus or coaches driven by Club coaches and mentors. Yes No Date:	- Travel Consent ————————————————————————————————————		
Parent / Guardian 1 Sinithe/Signed: Date:	and training for the Club. Travel arrangements will be organised by the club and may		
Sinithe/Signed: Date:	Yes No No		
Print Name			
Time Name.	Print Name:		