



COILL AN CHLOCHAIR ΠΑΟΜΗ ΜΗΥΙΡΕ / CEAPACH

Family Membership Form 2017 (£80) – 2 Parents & 2 or More Children

Adult 1

Adult Name _____ Date of Birth _____

Address: _____

Parent/Guardian - Contact Tel No. (Home) _____ (Mobile) _____

Adult 2

Adult Name _____ Date of Birth _____

Address: _____

Parent/Guardian - Contact Tel No. (Home) _____ (Mobile) _____

IMPORTANT:(Please provide mobile number to allow texting of information on team training, games and news to parent/guardian in accordance with our Code of Best Practice in Youth Sport or in case of an emergency)

Child 1

Child Name _____ Date of Birth _____

School _____

Medical Condition(s) (if any): _____

2017 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Child 2

Child Name _____ Date of Birth _____

School _____

Medical Condition(s) (if any): _____

2017 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Child 3

Child Name _____ Date of Birth _____

School _____

Medical Condition(s) (if any): _____

2017 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Child 4

Child Name _____ Date of Birth _____

School _____

Medical Condition(s) (if any): _____

2017 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Child 5

Child Name _____ Date of Birth _____

School _____

Medical Condition(s) (if any): _____

2017 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Child 6

Child Name _____ Date of Birth _____

School _____

Medical Condition(s) (if any): _____

2017 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

We _____ commit to assisting the Club in any way we can with regard to the promotion and development of the GAA. I would be willing to offer support to the club in the following area(s):

Please Circle as Appropriate Coaching Mentoring Transport Catering Fundraising Grounds Committee

Other (Please Specify) _____

- I am aware that Coill An Chlochair Naomh Mhuire/Ceapach CLG has adopted and implemented the GAA Code of Best Practice in Youth Sport (Copy available on the Download page of the Club website www.killycloghergaa.com and hard copy available upon request).
- I am aware of the Code of Behaviour which addresses the minimum appropriate levels of behaviour, practice and conduct required from our Young Players, Coaches, Mentors, Supporters, Parents/Guardians, Referees and Club.
- I accept and understand the Code on my own behalf and on behalf of my child. I understand that any club disciplinary decisions will be taken in accordance with this Code.

We consent/do not consent to our children being photographed or filmed as part of his/her club activities.

Print Name of Parent/Guardian _____

Signature _____ **Date:** _____

Email Addresses (H) _____ **(W)** _____

(Please provide email addresses to allow us to improve communication of club activities to members and supporters)

Membership Forms may be returned to any Club Committee Member or Team Coach and will only be accepted when accompanied with the appropriate membership fee. Closing Date 31st March 2017

For Internal Club Use Only

Membership Approved: _____ (Runai) Membership No: _____

CHAIRMAN: Peter O’Kane Tel. 07760330570 SECRETARY Brendan Harkin Tel. 07825271800

Email: youth@killycloghergaa.com



Killyclogher GAA received the sum of £80 for the 2017 Membership of _____

Signed on behalf of the Committee _____