



# COILL AN CHLOCHAIR ΝΑΟΜΗ ΜΗΥΙΡΕ / CEAPACH

## Youth Membership Form 2017 (£10 up to 18 Years)

Child's 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)

School \_\_\_\_\_

Medical Condition(s) (if any): \_\_\_\_\_

2016 Cappagh Team: Football, Hurling, Handball U8, U10, etc \_\_\_\_\_

I \_\_\_\_\_ commit to assisting the Club in any way I 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.killicloghergaa.com](http://www.killicloghergaa.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.

I consent/do not consent to \_\_\_\_\_ 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 31<sup>st</sup> March 2017**

<b><u>For Internal Club Use Only</u></b>	
Membership Approved: _____ (Runai)	Membership No: _____

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

**Email: [youth@killicloghergaa.com](mailto:youth@killicloghergaa.com)**



Killiclogher GAA received the sum of £10 for the 2017 Membership of \_\_\_\_\_

Signed on behalf of the Committee \_\_\_\_\_