



COILL AN CHLOCHAIR ΠΑΘΗ ΜΗΥΙΡΕ / СЕАРАСН

Family Membership Form 2019 (£80) – 2 Parents & 2 or More Children

Adult 1

Ainm/Name: _____

Seoladh/Address: _____

Phone Number: _____

Email (If available): _____

Date of Birth: _____

Adult 2

Ainm/Name: _____

Seoladh/Address: _____

Phone Number: _____

Email (If available): _____

Date of Birth: _____

We/I hereby apply to **Coill an Chlochair Naomh Mhuire CLG** ("the Club") for Membership of the Club and Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association) ("GAA") ("Membership")

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We/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 **Coill an Chlochair Naomh Mhuire CLG**.

- We/I understand the personal data on this form ("Personal Data") will be used by the Club and the GAA for the contractual purpose of registering (or re-registering) and maintaining my Membership.
- We/I understand that the Personal Data will be retained by the Club and the GAA for such period as my Membership subsists.
- We/I understand that I can resign my Membership by writing to the Club or the GAA and my Personal Data will then be erased.
- We/I understand that my Personal Data will also be used for administrative purposes to maintain my Membership including club and team administration, registrations, teamsheets, referee reports, disciplinary matters, Injury Reports, transfers, sanctions, permits and for statistical purposes.
- We/I understand that if I do not provide my Personal Data my Membership cannot be registered with the Club and the GAA.

We/I have read the important Data Protection information on the reverse of this form and have given our consent, by ticking the boxes and signing below, for my information to be used as follows:

(Please tick as appropriate)

- (1) To provide me with updates regarding Club activities such as matches, meetings and club events
- (2) To provide me with details of Club fundraising activities including social occasions, ticket sales etc
- (3) I am aware that my photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used by the Club for items like match programmes, year books, match reports, event reports or on the Club website or social media channels.

We/I understand that we can withdraw our consent at any time by writing to **Coill an Chlochair Naomh Mhuire CLG**

We/I understand my rights under Data Protection legislation, as outlined on the reverse of this form

Síithe/Signed _____ Dáta: _____

Print Name: _____

This Child/Youth Membership Section, seeks that certain information be made available in relation to your child (e.g. medical data, permission for medical treatment, parent/guardian contact details). This information is only required at Club level and not for general registration purposes. Other options include use of photography and general club activity notification which should also be brought to the attention of those registering their children in Coill an Chlochair Naomh Mhuire.

Child 1

Child Name _____ Date of Birth _____

Gender _____

School _____

2019 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Medical Information

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child's health, welfare or behaviour while participating in our activities.

Child 2

Child Name _____ Date of Birth _____

Gender _____

School _____

2019 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Medical Information

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child's health, welfare or behaviour while participating in our activities.

Child 3

Child Name _____ Date of Birth _____

Gender _____

School _____

2019 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Medical Information

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child's health, welfare or behaviour while participating in our activities.

Child 4

Child Name _____ Date of Birth _____

Gender _____

School _____

2019 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Medical Information

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child's health, welfare or behaviour while participating in our activities.

Child 5

Child Name _____ Date of Birth _____

Gender _____

School _____

2019 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Medical Information

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child's health, welfare or behaviour while participating in our activities.

Child 6

Child Name _____ **Date of Birth** _____

Gender _____

School _____

2019 Cappagh Team: Football, Hurling, Handball U8, U10, etc _____

Medical Information

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child's health, welfare or behaviour while participating in our activities.

We/I hereby apply to **Coill an Chlochair Naomh Mhuir** ('the Club) for membership of the Club and the Association.

We/I subscribe to and undertake to further the aims and objectives of (Association) to abide by its Rules including the **Code of Behaviour (Underage)**, which is available at: <http://gaa.ie/the-gaa/child-welfare-and-protection/>

Síithe/Signed _____ **Dáta:** _____

Print Name: _____

Parent(s)/Guardian(s), on behalf of the above named:-

- We/I consent to the above Application and to undertakings given by the Applicant.
- We/I understand the personal data on this form will be used by the Club and the Association for the contractual purpose of registering (or re-registering) and maintaining the Applicant's Membership.
- We/I understand that the Personal Data will be retained by the Club and the Association for such period as the Applicant's Membership subsists and for a reasonable period thereafter.
- We/I understand that I can resign the Applicant's Membership by writing to the Club or the Association and their Personal Data will then be erased except where the Club or the Association has a clear justification to retain such Personal Data (e.g. for child safeguarding purposes).
- We/I understand that the Applicant's Personal Data will also be used for administrative purposes to maintain their Membership including club and team administration, registrations, teamsheets, referee reports, disciplinary matters, injury reports, transfers, sanctions, permits and for statistical purposes.
- We/I understand that if I do not provide the Applicant's Personal Data their Membership cannot be registered with the Club and the Association.

Síithe/Signed _____ **(Parent/Guardian)** **Dáta:** _____

Print Name: _____

Medical Information

- We/I consent to the processing of the personal medical data as outlined above for the purpose of administering medical assistance to my child(ren) if required.
- In the event of illness/injury, We/I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners.
- If We/I cannot be contacted and my child(ren) requires emergency hospital treatment, We/I authorise a qualified medical practitioner to provide emergency treatment or medication.

Sínte/Signed _____ (Parent/Guardian) Dáta: _____

Parent or Guardian's contact telephone number: _____ Email: _____

We/I have read the important Data Protection information on the reverse of this form and have given my consent, by ticking the boxes and signing below, for my information to be used as follows: (Please tick as appropriate)

- To provide me on my own behalf and on behalf of my child(ren) with updates regarding Club activities such as games, training, meetings and club events
- To provide me with details of Club fundraising activities including, social occasions, ticket sales etc.
- I am aware that my child's photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used in the promotion of Gaelic Games, print, online/digital and social media mediums of communication

My contact preferences are as follows:

- Email SMS text message Other

We/I understand that We/ I can withdraw my consent at any time by writing to the **Coill an Chlochair Naomh Mhuir**.

We/I understand my rights under Data Protection legislation, as outlined on later on this form

Sínte/Signed: _____ Parent/Guardian) Dáta: _____

Print Name: _____

Signature of Full Member Proposing New Member

_____ Dáta _____

Print Name _____

Signature of Full Member Seconding Proposal

_____ Dáta _____

Print Name _____

For Official Use only:

Registered in Central Membership Database on _____

Membership Identification Number: _____

Upon election, your membership details will be entered on the G.A.A. Membership database in accordance with Rule 2.2

CHAIRMAN: Peter O’Kane Tel. 07760330570 SECRETARY: Liam Cunningham. 07557414601



Killiclogher GAA received the sum of £30 for the 2019 Membership of _____

Signed on behalf of the Committee _____

IMPORTANT NOTIFICATION AS IT WOULD APPLY TO THE GAA

The following Privacy Information is being provided to you as outlined in the General Data Protection Regulation. It is intended to inform you of how the Personal Information provided on this form will be used, by whom and for what purposes. If you are unclear on any aspect of this form, or want any further information, please contact the GAA's Data Protection Officer (01 8658600 or dataprotection@gaa.ie).

Who is the data controller?

The Club and the GAA are Joint Data Controllers of the Personal Data and contact details for the Club are as follows:

The Clubrooms
Ballinamullan
36 Drumnakilly Road
Omagh
Co Tyrone
BT79 0JP

Club Secretary : 07557414601

Email: Secretary.killyclogher.tyrone@gaa.ie

Who is the Data Protection Officer for the GAA and the Club?

Details of the GAA's Data Protection Officer are available on the GAA's website gaa.ie/dataprotection. You can contact our Data Protection Officer by emailing dataprotection@gaa.ie or by calling 01 8658600, if you have any questions or wish to make any request in relation to your personal data.

What is the purpose of processing my Personal Data?

The purpose for processing your Personal Data is that it is necessary for the performance of a contract in order to register and maintain your membership with the Club and the GAA. The purpose is also to keep you informed of GAA events and fundraisers. We will only use your personal data for this second purpose if you have provided your explicit consent for this by ticking the boxes on this form and indicated your contact preferences and signed below those boxes. If you provide your child's medical information and your explicit consent for the Club to process this information this information shall only be processed for the purpose of administering medical assistance and where necessary the information provided shall be shared with qualified medical practitioners.

Will anyone else receive a copy of my Personal Data?

Your Personal Data can be accessed by certain members of the County Committees, Provincial Councils and the Central Council of the Gaelic Athletic Association in connection with their administrative functions. This will be done in accordance with our data protection policy only.

In the event of an injury or insurance claim, details of your claim which will include your Personal Data will be passed to the GAA's Insurance underwriters, Willis Towers Watson Insurance, Elm Park, Merrion Road, Dublin 4, Ireland.

Where is your Personal Data stored?

Your personal data will be stored in the Club and electronically on the GAA Membership Database which is provided by Servasport Ltd, 11th Floor, Causeway Tower, 9A James Street South, Belfast, BT2 8DN.

Who is Servasport Limited?

Servasport Limited is a “data processor” who hosts the database on which your information is stored. We have a contract in place with Servasport Limited to ensure your Personal Data is stored safely and securely.

How long will your Personal Data be stored for?

Your Personal Data will be held for the duration of your Membership and it will be deleted by us shortly thereafter in the event that you resign your Membership or you are expelled in accordance with the Official Guide. However, we may retain your Personal Data after your Membership ceases if we decide that it is strictly necessary and proportionate to do so in the circumstances in accordance with our data retention policy.

How can I obtain a copy of the Personal Data held by the Club/GAA?

You have the right to request a copy of all of your Personal Data and can do so by contacting us. This information will be provided to you within one month.

What are my privacy rights relating to my Personal Data?

You also have the right to have your Personal Data updated, rectified, or deleted if you so wish. You have the right to object to your Personal Data being processed and to withdraw your consent to processing - You can do so by contacting us at the details above.

Where can I get further information?

Further information regarding your rights can be obtained through the Data Protection Commission, Canal House, Station Road, Portarlinton, Co. Laois, or on the website www.dataprotection.ie

[How do I make a complaint or report a breach?](#)

Should you wish to make a complaint or report a breach in relation to your Personal Data, you can do so by emailing the Data Protection Commission using the following email address: info@dataprotection.ie.