

Family Membership Form 2021 (£50) - 1 Parent & 2 or More Children

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Sediaurij Addres		
Phone Number:		
	le):	
Membership of	o CLG Coill an Chlochair N. Mhuire ("the C Cumann Lúthchleas Gael (The Gaelic Athl	etic Association) ("GAA") ("Membership")
I subscribe to ar Gael (The Gaelic	-	ctives of the Club and of Cumann Lúthchleas Rules, and I attach herewith the appropriate
the cont	tand the personal data on this form ("Persona ractual purpose of registering (or re-registerin tand that the Personal Data will be retained by ship subsists.	
I underst will then		ng to the Club or the GAA and my Personal Data
Member disciplina	ship including club and team administration, rary matters, Injury Reports, transfers, sanction tand that if I do not provide my Personal Data	egistrations, teamsheets, referee reports,
	and signing below, for my information to be u	everse of this form and have given our consent, by sed as follows:
(1) To pr (2) To pr (3) I am a	ovide me with updates regarding Club activition ovide me with details of Club fundraising activates aware that my photograph or video image mare activities connected with the Club and I cons	ities including social occasions, ticket sales etc
	we can withdraw our consent at any time by rights under Data Protection legislation, as out	
Sínithe/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 CLG Coill an Chlochair N. Mhuire.

<u>Child 1</u>	
Child Name	Date of Birth
Gender	
School	
2021 Cappagh Team: Football, Hurling, Handball U8	s, U10, etc
Medical Information	
Please outline any medical information (i.e. allergies, c health, welfare or behaviour while participating in our	conditions, medication) which may impact on your child's activities.
Child 2	
Child Name	Date of Birth
Gender	
School	
2021 Cappagh Team: Football, Hurling, Handball U8	s, U10, etc
Medical Information	
Please outline any medical information (i.e. allergies, c health, welfare or behaviour while participating in our	conditions, medication) which may impact on your child's activities.

Child 3
Child Name Date of Birth
Gender
School
2021 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
2021 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
GenderBate of Birth
School_
2021 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 _____ 2021 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. I hereby apply to CLG Coill an Chlochair N. Mhuire ('the Club) for membership of the Club and the Association. I subscribe to and undertake to further the aims and objectives of the 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/ Sínithe/Signed_____ Dáta: ____ Print Name: _____ Parent(s)/Guardian(s), on behalf of the above named:-☐ I consent to the above Application and to undertakings given by the Applicant. ☐ 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. ☐ I understand that the Personal Data will be retained by the Club and the Association for such period as the n and cation

Sínithe	e/Signed (Parent/Guardian) Dáta:
	I understand that if I do not provide the Applicant's Personal Data their Membership cannot be registered with the Club and the Association.
	their Membership including club and team administration, registrations, teamsheets, referee reports, disciplinary matters, injury reports, transfers, sanctions, permits and for statistical purposes.
	I understand that the Applicant's Personal Data will also be used for administrative purposes to maintain
	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).
	Applicant's Membership subsists and for a reasonable period thereafter. I understand that I can resign the Applicant's Membership by writing to the Club or the Association and

Print Name: _____

Medi	ical Informati	on		
	medical assist In the event o first aider, or I I cannot be co	ance to my child(ren) if r fillness/injury, We/I give by suitably qualified med ontacted and my child(re	equired. e permission for medical lical practitioners.	lined above for the purpose of administering treatment to be administered by a nominated ospital treatment, We/I authorise a qualified ration.
Sínith	e/Signed		_ (Parent/Guardian)	Dáta:
Parer	it or Guardian'	s contact telephone nun	nber:	Email:
tickin	g the boxes an	d signing below, for my i	nformation to be used as	e of this form and have given my consent, by s follows: (Please tick as appropriate)
		me on my own behalf ar nes, training, meetings a		ren) with updates regarding Club activities
	To provide	me with details of Club f	undraising activities incl	uding, social occasions, ticket sales etc.
	games or a	tivities connected with		pe taken whilst attending or participating in it being used in the promotion of Gaelic mmunication
Му со	ontact preferen	ces are as follows:		
	Email	SMS text message	Other	
I unde	erstand that I c	an withdraw my consent	at any time by writing t	o the Club or the GAA.
I understand my rights under Data Protection legislation, as outlined on later on this form				
Sínith	e/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		
Upon election, your membership details will be entered on the G.A.A. Me	embership database in accordance wit	h Rule 2.2
CHAIRMAN: Liam Cunningham Tel. 07557414601 SEC	RETARY Eamon Mc Grath 07	789518414
*		
Killyclogher GAA received the sum of £50 for the 2021 Membership of		

Signed on behalf of the Committeee_

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 OJP

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 <u>performance of a contract</u> 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 <u>explicit consent</u> for this by ticking the boxes on this form.

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 for administrative purposes. 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 our Injury Fund Administrators, DWF based at 5 George's Dock, IFSC, Dublin 1.

Where is your Personal Data stored?

Your data will be stored electronically on the GAA Membership Database which is provided by Dawson Andrews, based at 17a Ormeau Ave, Belfast BT2 8HD.

Who is Dawson Andrews?

Dawson Andrews is a "data processor" who hosts the database on which your information is stored. We have a contract in place with Dawson Andrews 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 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 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 have the right to have your Personal Data updated, rectified, or deleted in certain circumstances. 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.

Where can I get further information?

Further information regarding your rights can be obtained through the **Data Protection Commission**, **21 Fitzwilliam Square South**, **Dublin 2**, **D02 RD28** 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** under in relation to your Personal Data, you can do so by filling in a webform on their website at www.dataprotection.ie, or by phone at 057 868 4800.