

**MEMBERSHIP APPLICATION FORM JAN TO DEC 2015**

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| **Name of Member** |  | **M/F** |  | **Date of Birth** |  | **Membership No** |
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|  |  |  |  | **(required from all players for**  |  | **(Above is for** |
|  |  |  |  | **Croke Park registration)** |  | **Internal use)** |

**For juvenile member(s) please provide parent(s)/guardian(s) names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does any player (juvenile/adult) have a medical condition that their coach should be aware of?**

**Yes 🞏 No 🞏 If Yes, please supply details on the back of this form.**

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| **Address** |
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| **Mobile No.** |  | **Name** |  | **Email**  |  |
| **Mobile No.** |  | **Name** |  | **Email** |  |

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| **Membership Type Required & Rates. Tick Applicable.** |
| Student Adult Player over 18 | €100 |  | Couple Non Playing |  €70 |  |
| Student Adult Player with Student ID |  €80 |  | 2 Adults & 1 Child U16 |  €80 |  |
| Minor Player U18 | €50 |  | 2 Adults & 2 Children U16 |  €90 |  |
| Juvenile Player U16 |  €40 |  | 2 Adults & 3 Children U 16 | €100 |  |
| Single Non Playing Adult |  €40 |  | 2 Adults & More than 3 Children U 16 | €100 |  |
| Total Amount Payable | **€** |

**I/We am aware that Round Towers GFC have implemented a Code of Ethics and Best Practice for Children in Sport which is designed to protect Youth Members and all others who join the club. I/We agree to abide by this Code of Ethics.**

**I/We understand that photographs may be taken during or at sports related events and may be used in the promotion of sport.**

**I/We agree that any official communication regarding general meetings of the club or club functions can be sent to me/us at the mobile number or email address provided.**

**By signing below I/We hereby apply for membership of Round Towers GFC and membership of CLG and agree to abide by its rules. All membership fees unpaid at 31 March 2015 disqualify you from availing of the GAA insurance scheme or players injury scheme and the club will not be held liable for any accidents or injuries. To be eligible to vote at an AGM/EGM your fees must be paid in full by 31 March 2015.**

**All of the above aged over 18 years must sign below.**

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL DETAILS JUVENILE/MINOR PLAYERS**

**In the event of illness or injury, I hereby give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner. If I can’t be contacted and my child / children need emergency hospital treatment, I authorise a qualified practitioner to provide emergency treatment or medication.**

**Please state if your child / children have been diagnosed with any specific illnesses, condition, allergies or disabilities of which we should be aware (i.e. asthma, diabetes, epilepsy, and allergies etc to particular food or drink).**

**Child 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are your child / children currently taking any form of medication? – If yes please give details Yes/No**

**Does your child / children need to be in possession of or need to be able to administer medication while Participating in GAA games or other activities? Yes/No**

**Can your child / children administer this medication without assistance? Yes/No**

**MEDICAL DETAILS ADULT PLAYERS**

**In the event of illness or injury, I hereby give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner. If I am in need of emergency hospital treatment, I authorise a qualified practitioner to provide emergency treatment or medication.**

**Please state if you have been diagnosed with any specific illnesses, condition, allergies or disabilities of which we should be aware (i.e. asthma, diabetes, epilepsy, and allergies etc to particular food or drink).**

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**Are you currently taking any form of medication? – If yes please give details Yes/No**

**Do you need to be in possession of or need to be able to administer medication while Participating in GAA games or other activities? Yes/No**

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| **FOR OFFICIAL USE ONLY:** |
| **Full membership approved by Club Executive on date :** |  |
|  |  |
| **Sinthe: . Club Runai :**  |  |
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| **Registered in central Membership Database on :**  |  |
|  |  |
| **Receipt:**  |  |