**Membership Application for Youth / Child, under 18 years of age on 01 January**

All Fields, except Email, are Mandatory

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| --- | --- | --- | --- | --- |
| **Parent /Guardian Name** | | | | |
| **Parent/Guardian Mobile Number** | | | | |
| **Email** | | | | |
| **Address** | | | | |
| **Child / Youth**  **First Name** | **Child / Youth**  **Surname** | **M / F** | **DOB** | **Ailments / Ilnesses** |
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**Crosserlough GAC PARENTAL / LEGAL GUARDIAN CONSENT FORM**

**To be completed by Parents/Guardians of children/young people under 18**

* I / We give permission for the named child / children / young person(s) in this *Crosserlough GAC* Membership Application Form to participate in *Crosserlough GAC* Club related activities.
* I / we accept that it is my / our responsibility as Parents/guardians to liaise with team mentor(s) about medical information (i.e. allergies, conditions, medication) which may impact on our child’s health, welfare or behavior while participating in Club activities.
* Photographs / images - I/we understand that participants in club activities may be photographed or that recording footage may be taken of them 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.
* I understand that I can withdraw my consent on Club communications / images at any time by writing to the Crosserlough GAC or the Gaelic Athletic Association. I understand my rights under Data Protection legislation, as outlined on with this form.
* I hereby apply to Crosserlough GAC for membership of the above Club on behalf of the above named children and membership of Cuman Luthchleas Gael (The Gaelic Athletic Association). I support the child/children with undertaking to further the aims and objectives of the Club and of Cuman Luthchleas Gael and to abide by its rules. I attach herewith the membership fee.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child/Young person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_