



## CLUB REGISTRATION FORM

All current and prospective members of Clann Eireann GAC and Youth Club are required to complete this registration form and return it with payment. All details will be kept in a secure database with access restricted to authorised club officers only. No information contained in this form will be passed onto 3<sup>rd</sup> parties.

### Member Information

<b>Full name</b>			
<b>Address</b>			
<b>Date of birth</b>		<b>Home Phone</b>	
<b>Section</b>		<b>Age Group</b>	

### Parent Contact Information (if member is under 18)

<b>Full name</b>			
<b>Address</b>			
<b>Home phone</b>		<b>Mobile phone</b>	
<b>Email</b>			

### Medical Information, Emergency Contact Details & Consent

In case of emergency and as part of the clubs responsibility to its membership, **ALL** club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

**Please complete this section, providing medical information on the above mentioned member**

<b>Any known medical or other conditions:</b> (if none, state none)			
Have you any history of cardiac problems? (please circle answer)	YES	NO	
Are you allergic to drugs? (Please state)			
Are you taking any regular medication? If so, for what reason?			
Do you have any long term illnesses or injuries?			

### Emergency Contacts

<b>Name 1</b>		<b>Phone</b>	
<b>Name 2</b>		<b>Phone</b>	

**Declaration:** I consider myself, my son/daughter to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)\* for the team managers/coaches appointed by Clann Eireann GAC and Youth Club to obtain emergency medical treatment on my behalf.

<b>Signed</b>			
<b>Date</b>		<b>Relationship</b>	

## Contact Details

Clann Eireann is trying to introduce a system whereby coaches and mentors do not issue text messages to members under 18 years of age. This will only be possible if we obtain alternative mobile or email addresses for parents/guardians. We would therefore appreciate your co-operation and ask you to provide your contact mobile number and email address which will then be used by coaches to provide information on training times and matches.

**Mobile Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Transportation/Photography

It is a requirement of club policy that parental consent is provided for participation, transportation and photography.

**TRANSPORTATION:** I consent to my son/daughter\* travelling to venues for matches and training by transport provided by the club which may include travelling in other players private cars.

**PHOTOGRAPHY:** In some environments, particularly adult competition it is impossible to control photography by external parties, however, I am aware that there maybe times that photographs and/or footage maybe taken during matches and training sessions by the Club. Such images shall only be used for publicity/training purposes in accordance with the Clann Eireann Child Protection Policy and give consent for my son/ daughter to feature in such photos/ images. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes i.e. local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.

## CONSENT

- I agree to my daughter/son taking part in the activities of Clann Eireann GAC and Youth Club, and accept that the Club should hold the contact details of the above mentioned Member which will be held confidentially and used only for Club purposes.
- I confirm that to the best of my knowledge my daughter/son does not suffer from any medical condition other than those listed above.
- I consent to my daughter/son travelling by any form of public transport, mini-bus or by a motor vehicle (fitted with seat belts) driven by a Club Official, or any other parent/guardian attending an event in which the Club is participating in.
- In the event that I as a parent/guardian am called upon to assist with transporting children other than my own I confirm that my vehicle will be covered by insurance and fitted with seat belts that comply with the appropriate British Standard. I shall ensure that the seat belts are worn at all times.
- I authorise the leader of the party or any Club official accompanying the party who may be present to consent to such medical treatment (including inoculations blood transfusions or surgery) which in the opinion of a qualified medical practitioner may be necessary during any time when my daughter/son is with the Club and away from direct parental control and discretion.
- I give permission for the above mentioned Member to be included in photographs related to Clann Eireann GAC and Youth Club.
- To enable my son/daughter's coach/manager to contact me in the event of an accident or incident I consent to the emergency contact details and information on medical conditions to be provided to their coach or manager.

**Signed:** \_\_\_\_\_ **Parent/Guardian**

**Name:** \_\_\_\_\_  
Please Print Name In Block Capitals

**Date:** \_\_\_\_\_

<b>For Official Use Only</b>			
<b>Payment Method:</b>	<b>Cash</b> <input type="checkbox"/>	<b>Cheque</b> <input type="checkbox"/>	<b>Instalment</b> <input type="checkbox"/>
<b>Signature:</b> _____			