

Kiltimagh GAA- Bord Na Nog Registration Form 2018



- Please note that **only players under 18** can register with this form.
- Contact Ronan McGovern 086 8099764/ Mike Ryan 0876679861 for any other queries.

| <u>Child (player) name</u> | <u>Name in Irish</u> | <u>Date of Birth (dd/mm/yy)</u> |
|----------------------------|----------------------|---------------------------------|
| 1. _____ | _____ | ____/____/____ |
| 2. _____ | _____ | ____/____/____ |
| 3. _____ | _____ | ____/____/____ |
| 4. _____ | _____ | ____/____/____ |

Medical Information:

Does your child suffer from any illness that you feel we should know about? e.g. Asthma, Diabetes, Epilepsy, etc.
(Please give details for each child):

Is there any other relevant information you feel we should be told? _____

Parent(s)/Guardian(s) Details

Parent(s)/Guardian(s) Name(s): _____

Address: _____

Parent's Mobile Number: _____ Email address: _____

Would you like to get involved?

If so, in what capacity? e.g. coaching, fundraising, administration, organising social events, etc.

Yes: (please specify) _____ No: _____

Use of Images: Images of your child may appear from time to time on the club's website or facebook page. This will only occur with the express consent of parents. Please sign below as appropriate. I **consent** to any images of the above named child/children, while engaged in activities for Kiltimagh GAA Club, appearing from time to time on the club's website or facebook page.

Use of Mobile Number: Your phone number may be given to club coaches for the purpose of making contact in relation to training and matches. Please sign below giving your consent in this regard.

Use of Mouth Guard: A player must bring and use a mouth guard when training and playing matches.

Code of Conduct: I hereby confirm that I have read the guidelines provided in relation to the code of conduct. I agree to abide by these guidelines.

S/O Mandate: If a standing order mandate is chosen as the method of payment for membership, a child will only be deemed to be registered once the standing order has been activated.

Parent/Guardian Name: _____ Signed: _____
(Block Capitals)

Witness: (Club official): _____ Date: _____