



**Cumann Lúthchleas Gael**

**Loughgiel Shamrocks Youth Membership Application Form**

Ainm/Name: \_\_\_\_\_

Seoladh/Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth:  Day  Month  Year (e.g. 06 02 90)

I hereby apply to: Loughgiel Shamrocks GAA Club for Membership of the above Club and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association)

I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.

I agree that photographs or recorded images maybe taken during or at sports related activities, which may include my child and subsequently be used in the promotion of our games. **Yes / No**

I wish for my club/county to use group text messaging/email relating to the participation of my son/daughter in relation to club/county games activity. I wish for each texts messages/email to be sent to:

<input type="checkbox"/>	Myself Only	Text contact number	_____
		Email	_____
<input type="checkbox"/>	My Child and Myself	Text contact numbers	_____
		Email	_____

Child's relevant medical condition or relevant medication information

**Parent(s)/Guardian(s), on behalf of the above named:-**

We/I have read and accept the rules and procedures as set down in the code of best practice in youth sport, our games our code. We/I consent to the above Application and to undertakings given by the Applicant.

Sinithe/Signed \_\_\_\_\_(Parent/Guardian) Data \_\_\_\_\_

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

**For Official Use only:**

Youth Membership Application approved by Club Executive on \_\_\_\_\_| Data \_\_\_\_\_

Sinithe: \_\_\_\_\_ Club Runai.

Registered in Central Membership Database on \_\_\_\_\_

Membership Identification Number: \_\_\_\_\_