

Naomh Mhuire Ard Mór Cumann Peil Ghaelach
(Saint Mary's Ardmore Gaelic Football Club)

Youth Registration Form

Name:

Address:

e-mail:

Tel nos:

Date of Birth:

I hereby apply to Ardmore Gaelic Football club for membership. I subscribe to and undertake to further the aims and objectives of the Club and og Cumann Lutchleas Gael and to abide by its rules and I attach herewith the appropriate membership fee as determined by the above club.

Signed:

Medical declaration:

Please detail below any and all pre existing medical conditions and medications taken on a regular basis

Any other information (please included any specific requirements)

Photography/Publication of data.

From time to time the club may seek to use photographic images on its websites or other publications. Such images shall be collected in a public environment with the agreement of the subject and used only for official club publications. Please indicate below if you do not consent to these terms or have any concerns relating to them.

I do **I do not** consent to my child being photographed

Signed:

Emergency Contact:

Name:

Telephone number:
Relation to member:

Parent/Guardian declaration.

I/we consent the above application and confirm all information as true and accurate.

Signed:
Name:
Date: