



# YOUTH MEMBERSHIP APPLICATION FORM

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

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

Dáta Breithe/Date of Birth: \_\_\_\_\_

**I hereby apply to: PÁDRAIG PEARSES G.A.A. Club for Membership  
of the above Club and Youth Membership of Cumann Lúthchleas Gael.**

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 (€20).

Youth Member Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

My child has a medical condition: Yes / No (Please circle)

If Yes please specify: \_\_\_\_\_

I/We consent to the above application and to undertakings given by the applicant Please tick (Yes)

I/We have read Pádraig Pearse's Child Protection & Physiotherapy Policies on club website Please tick (Yes)

I/We have read and agree to Club Code of Conduct on club website Please tick (Yes)

I/We give permission for my child to be photographed at club games and events etc. Please tick (Yes)

Sínithe/Signed \_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_

Contact Mobile No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sínithe/Signed \_\_\_\_\_ Parent/Guardian Dáta \_\_\_\_\_

Contact Mobile No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**\*Please note It is a parent's/guardian's responsibility to ensure that their child has any necessary medication for any pre existing medical condition e.g. inhalers, anapen etc at training sessions and matches. It is club policy that juveniles will be informed of club training, matches and events only through the parent/guardian contact number provided on this form.**

For ease of administration purposes it would be greatly appreciated if you could list any other family members in your household registered with Pádraig Pearse's GAA Club below

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

## FOR OFFICIAL USE ONLY:

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

Sínithe: \_\_\_\_\_ Club Rúnaí Registered with GAA  (Tick)

Membership Identification Number: \_\_\_\_\_ Membership Paid:  (Tick)

Date \_\_\_\_\_