

Membership Application Form

Please complete this form and return to your Team Manager, Club Registrar or any Committee Member, the completion of this form is essential to enable you and your family to participate in all Gaelic Games, training and activities in Walterstown G.F.C

I/We hereby apply to Walterstown GFC for Membership

Name	Age (U18)	Contact Tel (Over 18)	Date of Birth (U18)
RATES : Family €140, Player €90, Juvenile €70, Non Playing Adult €50,Nursery*€50,		RATES cont: GYM €40, O.A.P €50, Student** €70	

*Born after 1 Jan 2012
** In Full time Education

Address: _____

E: Mail

(Please tick as appropriate)

(1) To provide me with updates regarding Club activities such as matches, meetings and club events

(2) To provide me with details of Club fundraising activities including Lotto, social occasions, ticket sales etc

(3) I am aware that my photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used by the Club for items like match programmes, year-books, match reports, event reports or on the Club website or social media channels.

I understand that I can withdraw my consent at any time by writing to the [Club or the GAA]. I understand my rights under Data Protection legislation.

Signed : _____ Date ____/____/2018

Full details of Data Protection policies are available on our website www.walterstown.com/gdpr/





EMERGENCY CONTACT PERSON _____

Emergency CONTACT TEL NO _____

(In case you are not available)

Details of Child/Children's special requirements and or medical issues. (Details of any known allergies, conditions or medications) Parents/Guardians are obliged to disclose any information which may impact on your child's welfare or behaviour while participating in our sports:

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or a suitably qualified medical practitioner, if I cannot be contacted and my child needs emergency treatment.

YES NO

Note: No medical information is stored on any system by Walterstown G.F.C, information supplied is passed on verbally to the relevant coach.

Gum Shields are compulsory for ALL players. Coaches and referees are under strict instruction to refuse anyone who does not have a gum shield to play or train.

Code of Best Practice

All members are required to adhere to the guidelines set out by the GAA in the Code of Best Practice

Membership

Membership can be paid online, visit www.walterstown.com/membership

Internal Use Only: Registered <input type="checkbox"/>	Paid <input type="checkbox"/>
Receipt No	<input type="text"/>
Membership Numbers	<input type="text"/>