



# Membership Application Form 2019

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	Contact Tel No (Over 18 only)	Date of Birth (Under 18 Only)	Age

**RATES** : Family €200 , Player €140, Juvenile / Student €90, Non Playing Adult / OAP 50,Nursery\*€50, Nursery \*Born after 1 Jan 2013

## ADDRESS

E: Mail

I agree have read and agree to allow the club to contact me (Please tick as appropriate)

- To provide me with updates regarding Club activities such as matches, meetings and club events
- To provide me with details of Club fundraising activities including Lotto, social occasions, ticket sales etc
- 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 he 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 \_\_\_\_/\_\_\_\_/2019

Note: Please Complete Page 2



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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 A copy of the Code of Behaviour can be found on our website.

[www.walterstown.com/downloads](http://www.walterstown.com/downloads)

## Membership

Membership can be paid online, visit [www.walterstown.com/membership](http://www.walterstown.com/membership)

Internal Use Only

PAID \_\_\_\_\_ Receipt No \_\_\_\_\_ Registered \_\_\_\_\_

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