



# KILDORRERY GAA CLUB MEMBERSHIP APPLICATION/RENEWAL FORM 20\_\_



I/We hereby apply to CLCG Cill Dairbhre for Membership/Renewal of Membership and agree to abide by the rules and regulations contained in the club constitution and the Club Code of Conduct and Practice. A copy of the Club Code of Conduct and Practice can be found at [www.kildorrerygaa.com/downloads](http://www.kildorrerygaa.com/downloads)

**Important Notice**

Players and Coaches who have not paid their Membership are not registered, are not covered by the GAA Insurance Scheme and therefore not eligible to play/train with or coach Kildorrery GAA Teams. It is now mandatory for all Players to wear mouth guards for football and helmets for Hurling (both training and matches). It is the players responsibility to provide their own mouth guard at all ages. Claims submitted by players who sustain an injury during training or a match and (a) not wearing a mouth guard (b) not wearing a helmet or (c) no membership paid, will automatically have their claim refused by the Cork County GAA Board. This is a directive issued by GAA HQ. No exceptions.

Sinithe/Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Number \_\_\_\_\_ e-Mail \_\_\_\_\_

CATEGORY	FAMILY	ADULT PLAYERS	ADULT	OAP/STUDENT/ UNEMPLOYED	JUVENILES (U18)
GAA Membership	€100 <input type="checkbox"/>	€50 <input type="checkbox"/>	€50 <input type="checkbox"/>	€30 <input type="checkbox"/>	€20 <input type="checkbox"/>

	NAME IN ENGLISH	GAA MEMBERSHIP NUMBER	DATE OF BIRTH (Juvéniles Only)
Adult Name 1			
Adult Name 2			
Juvenile Name 1			
Juvenile Name 2			
Juvenile Name 3			
Juvenile Name 4			

HOME ADDRESS: \_\_\_\_\_

**Texting Service:** If you wish to be notified of club fixtures and events by the Clubs texting service please supply the following details:

Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

**FOR JUVENILE MEMBERS ONLY: NB: Medical Conditions:** Parents are asked to notify the relevant Team Managers directly of any medical condition their child may have that their coach should be aware of.

If you **do not** want your Child/Children to be photographed as part of Club Teams please tick here

As Parent/Guardian on behalf of the above named juvenile(s), I consent to the above application

Sinithe/Signed: \_\_\_\_\_ Date: \_\_\_\_\_