



# Killeedy Camogie Club

Email: [secretary.killeedy.limerick.camogie@gaa.ie](mailto:secretary.killeedy.limerick.camogie@gaa.ie)

## Registration/ Membership Application Form (Under Age Player)

Please complete this form in full & return to one of the Club Officers at Registration Night, Friday 12<sup>th</sup> February 2016 in the Sports Complex, Raheenagh from 7.30pm to 8.30pm.

### **Section 1**                      **Names & Contact Numbers**

I \_\_\_\_\_ as Parent/Guardian give permission for the named below, to participate in Killeedy Camogie games & other related activities.

Child's Name: \_\_\_\_\_ / \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's Name: \_\_\_\_\_ / \_\_\_\_\_ D.O.B \_\_\_\_\_

Child's Name: \_\_\_\_\_ / \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

E- Mail address: \_\_\_\_\_

Parent/Guardian contact telephone numbers: \_\_\_\_\_

Name and telephone no. of emergency contact person (if you are not available):

\_\_\_\_\_

### **Section 2**                      **Medical details and Emergency Procedures**

Details of Child's special needs or medical history (i.e. details of known allergies, conditions or medications). Parents/Guardians are obliged to disclose any information regarding medication 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 by suitably qualified medical practitioners. If I cannot be contacted & my child needs General Practitioner or emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication & authorise Coach/Trainer to transport my child for this treatment if necessary.

Yes \_\_\_\_\_

No \_\_\_\_\_

### **Section 3                      Photography**

I agree that photographs or recorded images and/or written form may be taken during or at sport related activities, which may include my Child & may subsequently be used in the promotion of our Games.

Yes \_\_\_\_\_

No \_\_\_\_\_

### **Section 4                      Group Text Messaging**

I wish for my Club to use group text messaging relating to the participation of my daughter in relation to Club game's activities. This number must belong to the Parent/Guardian of the Child. I wish for such texts messages to be sent to:

Text Contact Number \_\_\_\_\_

### **Section 5                      Registration & Membership Fees**

- €10 per non Playing Member, €20 per U10 Player, €25 per U12-U18 Player, €25 per Adult Student Player, €40 per Adult Player
- Please note that only over 18's have Members Voting Rights.

### **Section 6                      Grievance or Complaint**

Any club member, who has any form of complaint or grievance with any aspect of club policy, teams, team management, club officers or other club members etc, must do so by informing the Club Secretary. This will be recorded by the Secretary and the Club officers will then decide if the complaint requires further investigation. If so, the complaint will have to be made in writing as per Camogie rule.

### **Section 7                      Declaration**

- All information provided is true to the best of my knowledge and if any of it should change I will inform the Club of same.
- Please log onto [www.gaa.ie](http://www.gaa.ie), [www.limerickcamogie.ie](http://www.limerickcamogie.ie) or [www.killeedy.com](http://www.killeedy.com) for the rules and procedures as set down in the Code of Best Practice in Youth Sport, Our Games Our Code. If you have any further queries please do not hesitate to contact any of the Camogie Officers.
- I accept the Club constitution rules, procedures and amendments on behalf of myself and my child named overleaf.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_