

Juvenile Membership Application Form

Please complete this form in full and return to the Club Registrar, with the appropriate Membership Fee. The completion of this form is essential so as to enable your child participate in all Gaelic Games, training and other related activities in your club.

SECTION 1

I _____ as Parent/Guardian of _____
give permission for the named, to participate in St.Dominic's games and other related activities.

Child's Name: Date of Birth:

Address:

Parent/Guardian contact telephone number/s:

Parent/Guardian email address:

Emergency contact person (if you are unavailable):

Telephone number:

SECTION 2

Details of Child's special needs or medical history (i.e. details of any 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 and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication

Yes ☐ No ☐

SECTION 3

Photography:

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

Yes ☐ No ☐

SECTION 4

I wish for my Club/County to use group text messaging relating to the participation of my son/daughter in relation to Club/County game's activity. I wish for such texts messages to be sent to:

Myself only ☐ Text contact number:

My child and myself ☐ Text contact numbers:

SECTION 5

Declaration

I have read and accept the rules and procedures as set down in the Code of Best Practice in Youth Sport, Our Games Our Code.

Signature of Parent/Guardian: _____

Date: