

## Adult 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 you to participate in all Gaelic Games, training and other related activities in your club.

### SECTION 1

Name:	<input type="text"/>	Date of Birth: *1	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Telephone number/s:	HOME	<input type="text"/>	
	MOBILE	<input type="text"/>	
Email Address:	<input type="text"/>		
Emergency contact person	<input type="text"/>		
Telephone number:	<input type="text"/>		
ADULT PLAYER	<input type="checkbox"/>	ADULT NON PLAYER	<input type="checkbox"/>
SENIOR CITIZEN	<input type="checkbox"/>	STUDENT	<input type="checkbox"/>
Name of School / College ( <i>Students Only</i> )	<input type="text"/>		

\*1 Date of Birth required for **ALL PLAYERS**

### SECTION 2

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 or at Club related events. hereby grant permission to St Dominic's GAA Club to use photographic images of me in publicity material relating to and in promotion of Club activities.

Yes ☐ No ☐

Signature: \_\_\_\_\_

Date:

St Dominic's relies on the support of its members to assist in the running of the Club. Would you be able to help out in some way? Please indicate below if you would be happy for us to contact you when we need help with the activities listed

**Thank you !**

- |   |                          |                                |                          |
|---|--------------------------|--------------------------------|--------------------------|
| - Supervision of underage training              | <input type="checkbox"/> | - Club shop on Match Days      | <input type="checkbox"/> |
| - Training nursery/ underage teams              | <input type="checkbox"/> | - Fundraising                  | <input type="checkbox"/> |
| - Coaching                                      | <input type="checkbox"/> | - 50/50 draw                   | <input type="checkbox"/> |
| - First Aid / Defibrillator (training provided) | <input type="checkbox"/> | - Refreshments for Club events | <input type="checkbox"/> |
| - Stewarding on Match Days                      | <input type="checkbox"/> | - Other                        | <input type="checkbox"/> |