

# Cumann Camógaíochta Creachmhaoil

[www.craughwellcamogie.com](http://www.craughwellcamogie.com)

## CLUB REGISTRATION FORM 2017

### A: REGISTRATION DETAILS:

Name in English	Name in Irish (Important to provide this if possible)	Date Of Birth

### B: PARENT/GUARDIAN CONTACT DETAILS FOR U18 PLAYERS & PLAYERS CONTACT DETAILS IF OVER 18 YEARS:

Name: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Additional Contact Details (in case of emergency):

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### C: AFFILIATION FEES AND NOTES:

Affiliation & insurance for players <u>under 18yrs</u>	€50.00	<input type="checkbox"/>
Affiliation & insurance for players <u>over 18yrs</u>	€70.00	<input type="checkbox"/>
Club Membership only (Social Members)	€20.00	<input type="checkbox"/>
Coaches	€20.00	<input type="checkbox"/>

### Please note the following:

- The club requires that all players and those involved in team training, coaching, selection and any others supporting this effort be paid up members before training or games commence. Note that for insurance purposes all involved must be paid-up club members.
- Affiliation and Insurance will only be accepted once accompanied by a completed club membership form and appropriate fee.
- A player will only be allowed train/play with the club once they have affiliation and insurance fee's paid.
- All players must wear a helmet when entering the pitch for insurance purposes.
- If you receive an injury while playing with the club, it must be reported to an officer of the club and insurance claims form must be requested from the secretary immediately.

### D: PARENTAL/GUARDIAN CONSENT:

- The following statements should be read and signed by the player & parent/guardian whose name and address were provided in Section B above.
- I wish to register the above named as affiliated/member/s of Craughwell Camogie Club.
- In the event of an emergency whereby I cannot be contacted, I give permission for the above named to be brought to a suitably qualified medical practitioner to provide emergency medical treatment or medication.
- I understand that photographs/videos will be taken during games/tournaments in which the club participates and I hereby consent to them being used for the sole purpose of promoting the Camogie Club.
- It is the responsibility of parent/players to inform managers of any medical conditions.

**It is the responsibility of parents/players/managers/mentors to read the link below:**

[www.gaa.ie/clubzone/child-welfare-and-protection/gaa-code-of-behaviour/](http://www.gaa.ie/clubzone/child-welfare-and-protection/gaa-code-of-behaviour/)

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_