



PARKE KEELOGUES CRIMLIN BORD NA NOG



MEMBERSHIP & MEDICAL CONSENT FORM – 2019

CHILD'S FULL NAME:		<u>Registration</u>	
ADDRESS:		U6 -€30, All other children - €60	
CHILD'S DATE OF BIRTH.....		each, Adult player€120	
AGE:			
PARENT/ GUARDIAN'S NAME	PARENT/ GUARDIAN'S MOBILE NUMBER	HOME TEL:	
.....	
PARENT/GUARDIAN EMAIL ADDRESS			
IF PARENT/GUARDIAN UNAVAILABLE CONTACT:		RELATIONSHIP TO CHILD:	
NAME AND TEL OF G.P.:			
DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:			
.....			
ANY OTHER SPECIAL NEEDS, REQUIREMENTS THAT WOULD BE HELPFUL FOR THE COACHES TO KNOW ABOUT:			
.....			
School attended and Class for 2019.....			

I will inform the Club of any important changes to the above information. In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners and authorise the provision of emergency hospital treatment in the event that I cannot be contacted.

Parent / Guardian Signature

I am aware that Parke GAA Club have developed a Child Protection policy and they are committed to ensuring the safety of my child through having;

- Codes of conduct for (1) Coaches/Volunteer Leaders (2) Children (3) Parents/Guardians
- Clear recruitment policy which includes vetting all coaches & volunteers
- A transport policy
- An anti-bullying policy
- Guidelines about insurance and Disciplinary procedures
- Designated Child protection Officer: Derek Hopkins (Boys) Priscilla Fair (Girls)
- Guidelines on confidentiality
- A Press and Publicity policy

I give/ do not give my consent for my child to be photographed in line with this policy for newspapers, Annual Reports or website of Club. (Please delete whichever is inappropriate)

I am willing to help PKC LGFA with: Fundraising Coaching Pitch maintenance

- I understand the personal data on this form will be used by the club and the LGFA/GAA for the contractual purpose of registering (or re-registering) and maintaining my membership. It will be retained by the club for 100 years for archival purposes.
- I understand that my Personal Data will also be used for (but not limited to) purposes to maintain my membership including registrations, team-sheets, referee reports, disciplinary matters, injury reports, transfers, sanctions, permits and for statistical purposes.
- I understand that if I do not provide my Personal Data my membership cannot be registered with the Club and the LGFA/GAA.
- Should any of this information change within the year the onus is on the member to inform the club.

I have read the important data protection information displayed and have given my consent by signing below, for my information to be used as follows:

- To provide me with updates regarding club activities such as matches, meetings and club events.
- I am aware that my photograph or video image may be taken whilst attending or participating in games or activities connected with the LGFA/GAA and I consent to it being used by the LGFA/GAA for items like match programmes, year books, match reports, event reports or on websites or social media channels associated with the LGFA/GAA.
- To provide me with details of Club fundraising activities including Lotto, social occasions, ticket sales etc.
- To contact me in relation to volunteering opportunities at LGFA/GAA events and activities.
- I understand that I can withdraw my consent at any time by writing to the Parke KC LGFA Club or the GAA
- I understand my rights under Data Protection legislation, as displayed by the club

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Child/Young Persons Signature

Parent/Guardian Signature

Date