



ADULT MEMBERSHIP FORM

Name _____

Address _____

Date of Birth _____

Contact Details Mobile _____

Email _____

In Case of Emergency: Name: _____ Number: _____

Any Medical Conditions e.g. Inhalers, Allergies, any other relevant information:

THE CLUB DOES NOT ACCEPT ANY RESPONSIBILITY IN CARING FOR OR ADMINISTERING ANY TYPE OF MEDICATION

In the event of an emergency does the club have permission to call the first available Doctor/Emergency service to you:

Please Circle YES NO

Does the club have permission in the case of a minor injury to administer BASIC FIRST AID

Please Circle YES NO

By signing this Membership Form you agree to:

Permission & consent that photographs may be taken of you for promotional & record purposes.

Signature of Player: _____

Date: _____

LOTTO NUMBERS

I have read the Code of Behaviour on the Club Website (please tick)

Are you interested in helping out at the club (Please circle) **YES NO**

(Do you have a qualification which could help e.g. first aid, physio, administration, management, training, bus driver, painter, builder, etc. Na Fianna CLG are always looking for additional adult support to help us help our community through sport.)