

**THIS SHEET IS TO BE SIGNED AND RETAINED AT THE RELEVANT  
NA FIANNA CLG FACILITY.**

**I have read and accepted the Na Fianna Astro Policy and agree to abide by the rules.**

The non-enforcement of any of the Rules is not a waiver of the Rules and shall not prejudice Na Fianna CLG taking any subsequent action.

First name: \_\_\_\_\_

(Pitch Supervisor)

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Club/Group: \_\_\_\_\_

Date: \_\_\_\_\_