



FAMILY MEMBERSHIP FORM

Name _____

Address _____

Child Name _____ DOB _____

Child Name _____ DOB _____

Child Name _____ DOB _____

Contact Details Mobile _____

Email _____

Do you give permission for your child to play in grades above their age **YES NO** (Please circle)

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

In the event of an emergency and not being able to contact you, does the club have permission to call the first available Doctor/Emergency service to your child

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**

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

By signing this Membership Form you agree to:

Permission for you to travel to events organised by the Club.

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

Signature Parent: _____

Date: _____

LOTTO NUMBERS

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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.)