



**JUVENILE MEMBERSHIP FORM**

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Childs Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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: \_\_\_\_\_ Player: \_\_\_\_\_

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

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

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

*(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.)*