

**DUNNAMAGGIN G.A.A. CLUB  
JUVENILE PLAYER REGISTRATION – 2013**



**Unique I.D.**

**Age Group**

*(For office use only)*

*(For office use only)*

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If you wish to insert detail of more than one person on this form, please ensure that you insert full detail for each person and please sign the form.

**1. PLAYER DETAILS**

**Name(s)** \_\_\_\_\_

**Dates of birth**    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_

**Residential address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mobile number\* (if any)** \_\_\_\_\_

**Email address\* (if any)** \_\_\_\_\_

**School** \_\_\_\_\_

**Medical conditions (if any)** \_\_\_\_\_

**Doctor's name** \_\_\_\_\_

*\*Please do not include the mobile phone number or email address of a parent; only include the mobile phone number or email address of the juvenile if he has his own. Please also note that by including these details the parent is consenting to the number being used by team mentors, as part of group texts/emails.*

**2. PARENT DETAILS**

<b>F A T H E R</b>	<b>User I.D.</b>	<input type="text"/>
	<i>(For office use only)</i>	
	<b>Name</b>	_____
	<b>Date of birth</b>	____/____/____
	<b>Mobile number</b>	_____
	<b>Email address</b>	_____

<b>M O T H E R</b>	<b>User I.D.</b>	<input type="text"/>
	<i>(For office use only)</i>	
	<b>Name</b>	_____
	<b>Date of birth</b>	____/____/____
	<b>Mobile number</b>	_____
	<b>Email address</b>	_____

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**3. PARENTAL CONSENT**

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**In the event of illness**, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

During the season Dunnamaggin club teams may be photographed or filmed for coaching purposes, or as part of match coverage in newspapers or for use on our club's website. Such photographs will adhere to G.A.A. guidelines for use of photography and filming and should you object to your child being photographed or filmed please **INFORM** your team manager as part of this registration procedure.

**I hereby consent** to my child participating in the activities of Dunnamaggin G.A.A. Club in line with the Code of Ethics for Young People. I have received a copy of the **G.A.A. Code of Behaviour** and agree to abide with this and will encourage my child to do likewise. I am aware that my child's details will be entered on the **official G.A.A. Management System database** – this information will be used by the club and the G.A.A. for administration only.

I confirm that all details are correct and I give parental consent for my child to participate in and travel to all activities.

**Signature** \_\_\_\_\_  
*(Signature of one parent will suffice)*

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. MEMBERSHIP FEES**

€ \_\_\_\_\_  
*(Fee paid)*

**CASH**

**CHEQUE**

**DIRECT DEBIT**

*(Payment method - please tick one box)*

**Family - €160**

- Includes club membership for two adults and all children up to 18.
- Can be paid monthly/quarterly by direct debit; please obtain relevant form

**Juvenile - €50**

- Age 17-18

**Child - €40**

- Age 4-16

**Please note that there is no Piltown ticket included in any of the above memberships.**

**Form received by:** \_\_\_\_\_  
*(Officer of Dunnamaggin G.A.A. Club)*

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are unable to attend the registration days on the 9<sup>th</sup> & 10<sup>th</sup> February please return completed forms to:

**Rachel Hickey, Dunnamaggin, Co. Kilkenny**