

Tynagh Abbey Duniry Duniry Juvenile Membership Application form



Family Name		Address	
Full name of Child 1	Date of Birth	School	Class/Year
Full Name of Child 2	Date of Birth	School	Class/Year
Full Name of Child 3	Date of Birth	School	Class/Year
Parents Name 1		Parents Name 2	
Contact No.		Contact No	
Email address		Email address	

Family Membership YES NO

If YES, Please list names and DOB of other children that are under 18 yo

Additional Children	DOB
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PTO

PARENTAL/GUARDIAN CONSENT TO BE COMPLETED FOR ALL JUVENILE MEMBERS

I confirm, that as a Parent/Guardian of my Child/Children I give permission for Him/Them to participate in Club games and other related activities.

YES

NO

Our Club promotes the Code of Best Practice and Code of Behaviour and insists that all players, mentors, coaches, parents & guardians adhere to these codes and abide by our Association's rules.

PLEASE PROVIDE DETAILS OF ANY MEDICAL CONCERNS INCLUDING ALLERGIES OR MEDICATION RELATING TO YOUR CHILD/CHILDREN

SHOULD YOUR CHILD'S MEDICAL NEEDS CHANGE DURING THE YEAR YOU ARE OBLIGED TO INFORM THE TEAM MANAGER.

During the season our teams may be photographed or filmed for coaching, match coverage and /or promotional activities solely for the promotion of our Gaelic Games. These images will adhere to the GAA guidelines for filming/photography. Should you object to your child appearing in such images, please inform the relevant team manager.

Additionally, information on training, games or club news will be sent to you, the parent/guardian, via group txt/email/What's App. It is the Clubs policy that all such information be sent to the parents/guardians of our underage players rather than directly to the under-age players.

Signature: -----

Contact number: -----