

Stratford Grangecon GAA Club - Membership Application Form



Ainm/Name: _____ PRINT CLEARLY

Seoladh/Address: _____

Date of Birth: _____ Day _____ Month _____ Year (e.g. 06 02 90)

I have read and understand what is being asked of my child and I. If I have any queries /concerns I will revert to the Club

We both subscribe and duly sign to agree and abide by the Code of Best Practice/Behaviour that is being implemented by the Club.

Sinithe/Signed _____ (Parent/Guardian)

Phone: _____ Email _____

Sinithe/Signed _____ (child) Data _____

The club takes pictures during the year of players, teams and group of players. These pictures could be used on website, newsprint, in club house, etc. If you as a parent/guardian do not want your child being photographed please let the club know.

Does your child have any medical condition that the Club should be aware of?

YES

NO

If YES please give details

Your child will be registered on the GAA Management System.