

Eadestown C.L.G. Family/Juvenile Membership Application Form 2016

First Name	Surname	Date of Birth (Not Parents)	U18 (1998)	U21 Student (1995)

Seoladh/Address: _____

Phone:(home) _____ **(Parents mobile)** _____ **MumorDad**

ParentsEmail_MumorDad

Parent(s)/Guardian(s), on behalf of the above named:-

I/we subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules, and I/we attach herewith the appropriate membership fees as determined by the above Club.

Sin the/Signed Date _____

Print Name: _____

MOUTHGUARD: THE USE OF THE MOUTHGUARD is now compulsory for all training sessions and games in the GAA.

PHONE CONTACT: We/I consent to the use of the above phone numbers & emails by the club, on the internet to contact me/us re Eadestown Club activities.

TRANSPORTATION: We/I consent to my son/daughter travelling to venues for matches and training by transport provided by the club which may include travelling in other player's/parent's private cars

PHOTOGRAPHS/VIDEO: We/I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions. Such images shall only be used for publicity/training

MEDICAL HISTORY: details of any known allergies, conditions, medications

Sin the/Signed: _____ **(Parent/Guardian) Date** _____

Print Name: _____

For Official Use only:

Amount Received € _____ Cash /Cheque / SO

JuvenileMembership (u18)/ FamilyMembership

Signed on behalf of Eadestown GAA Club Date _____

Receipt Issued Y/N

Category	Membership Fee	Tick applicable section(s)
AdultMen	€120	
AdultLadies	€100	
MaleStudentsu21	€60	
FemaleStudentsu21	€60	
Juvenile Boys	€60	
JuvenileGirls	€60	
Family		
2juvenilesu18	€135	
3juveniles u18	€150	
4juveniles u18	€175	
5+juveniles u18	€200	
Social	€50	