



Cumann Lúthchleas Gael  
**CUMANN CHLUAIN DAIMH**  
 Clonduff Gaelic Athletic Club



**Youth Membership Application Form**

*Please complete all details in full including Parent/Guardian Contact No and email address*

Ainm/Name:

.....

**DOWN CLUBS DRAW 2022**  
**TICKET NO: .....**

Seoladh/Address inc Townland: .....

.....Post Code .....

Date of Birth: |\_\_| | Day |\_\_| | Month |\_\_| | Year (e.g. 06 02 10) Gender .....

I hereby apply to: Cumann Chluain Daimh (Clonduff Club) for Membership of the above Club and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association) to play the following sports:

Gaelic Football     Hurling;     LGFA     Camogie     Handball  
 (Please tick appropriate boxes)

*I/We subscribe to and undertake to further the aims and objectives of Clonduff GAA Club and of the GAA, LGFA and Camogie Association and to abide by their Rules, including the Codes of Conduct and I attach the appropriate Annual Membership fee as determined by Clonduff GAA Club.*

Sínithe/Signed (Child) .....

Print Name: ..... Dáta/Date: .....

Parent(s)/Guardian(s), on behalf of the above named: (Please tick as appropriate)

- We/I consent to the above Application and to undertakings given by the Applicant
- We/I will do my best to ensure that my child and myself will adhere to the various Codes of Conduct
- We/I also agree to our/my child being photographed whilst representing Clonduff GAA Club.
- We/I understand that my child's Personal Data will also be used for administrative purposes to maintain Membership including registrations, team-sheets, referee reports, disciplinary matters, Injury Reports, transfers, sanctions, permits and for statistical purposes.
- We/I understand that the personal data on this form will be retained by the Club and the Association for such period as the Applicant's membership subsists and for a reasonable time thereafter
- We/I understand that if I do not provide the Applicants Personal Data their Membership cannot be registered with the Club and the Association

Sínithe/Signed .....(Parent/Guardian) Dáta/Date .....

Print Name: ..... Email: .....

Contact nos: Mobile: ..... Home: .....

My contact preferences are as follows:

Email  Text  Mobile Phone  Home Phone  Other\*

\* Please give Details .....

(Please complete the other side of this form also)

Medical Information

My child has the following medical, physical or learning needs:

.....  
.....

And may require the following medication/treatment when away from home:  
(please list medications/treatments)

- I consent to the processing of the personal medical data as outlined above for the purpose of administering medical assistance to my child if required
- In the event of illness/injury, I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners.
- If I cannot be contacted and my child requires emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Sínithe/Signed .....(Parent/Guardian) Dáta/Date .....

Parent/Guardian contact number in case of emergency .....

I have read the important Data Protection information on the reverse of this form and have given my consent, by ticking the boxes and signing below, for my information to be used as follows: (Please tick as appropriate)

- To provide me on my own behalf and on behalf of my child with updates regarding Club activities such as games, training, meetings and club events
- To provide me with details of Club fundraising activities including, social occasions, ticket sales etc.
- I am aware that my child’s photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used in the promotion of Gaelic Games, print, online/digital and social media mediums of communication
- I understand that I can withdraw my consent at any time by writing to Clonduff Club or the Association.
- I understand my rights under Data Protection legislation, as outlined on later on this form

Sínithe/Signed .....(Parent/Guardian) Dáta/Date .....

Print Name: .....

Signature of Full Member Proposing New Member .....

Print Name ..... Dáta .....

Signature of Full Member Seconding Proposal .....

Print Name ..... Dáta .....

**For Official Use only:**

Youth Membership Application approved by Club Executive on Dáta .....

Sínithe: ..... Club Runaí

Registered in Central Membership Database on .....

Membership Identification Number: .....