

# Club Membership 2016 – Juvenile Only

Cookstown Road  
Tallaght  
Telephone +353 1 452 1609



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www.stmarksgaa.ie

Please fill in **All** details in Block Capitals and ✓ boxes as appropriate, as failure to supply full information could affect player insurance. Membership can only be accepted upon receipt of a completed form(s).

JUVENILE MEMBERSHIP						
Enter Qty	Type	Cost	Payment 1	Payment 2	Payment 3	Full Payment
	Academy <sup>1</sup>	€20.00 <sup>4</sup>				
	Juvenile <sup>2</sup>	€50.00				
	Minor <sup>3</sup>	€50.00				

<sup>1</sup> Academy (Attending school to 6 yrs)  
<sup>2</sup> Juvenile (Age 7 to 15 yrs)  
<sup>3</sup> Minor (Age 16 to 17 yrs in 2016)  
<sup>4</sup> €2 per week thereafter

Players Name(s)	D.O.B.	School	Team (Under ??)	(M / F)	Football	Hurling	Camogie

Have you previously been a member with a different Surname or Address?	Yes	No
If Yes Please Provide Details:		

Parent/Guardian Name(s)	Address (Must be entered)	Phone	Email address

Medical History: Has your child any medical condition that the club should be aware of?	Yes	No
<i>Please supply details (use separate sheet if necessary):</i>		

Information on team training, games will be sent to you on a regular basis. It is the Club's policy that this information is sent to the parents or guardians of our underage players. The mobile telephone number given will be used for this purpose. During the season our teams may be photographed or filmed for coaching purposes, or as part of match coverage in newspapers or for the use of our club web site. Such images will adhere to the GAA Guidelines for use of photography and filming. Should you object to any of your children being photographed or filmed, please inform the relevant team mentors as part of this registration process.

I understand that all Juvenile players must wear a Gum shield at all training sessions and matches. (Please Tick)

For Health, Safety and hygiene reasons, ALL Juvenile players from Under 8<sup>th</sup> must have their own approved Hurling helmet. (Please Tick)

I hereby consent to the above child/children participating in activities of St Marks GAA Club in line with the GAA's Code of Best Practice (copy available on request). I will inform mentors of any changes to the information above.

All membership payments must be received in full prior to the 1<sup>st</sup> March 2016

Signed (Parent/Guardian):.....

Date:.....