

Kiltha Óg Hurling and Football Club Registration Form 2020

Club Chairperson - Carey Joyce
 Club Treasurer - Noreen Cashman
 Child Welfare Officer – Yvonne Thompson

Club Secretary - Martin Leahy
 Club PRO - Fergus Lynch
 Designated Liaison Officer - Helena Napier

	CHILD 1	CHILD 2	CHILD 3
NAME			
SURNAME			
DATE OF BIRTH			
MEDICAL CONDITION			
TEAM/MANAGER			

Address _____

Home Phone _____

Mother/Guardian _____ Mobile _____ Email _____

Father/Guardian _____ Mobile _____ Email _____

Information on team training, games or Club news will be sent to you on a regular basis via group text/whatsApp. It is the Club's wish that this information be sent to the parents or guardians of our underage players rather than directly to the underage players. What telephone contact number may we use for this purpose?

Information Contact Number _____

Would you consider helping out at your child's training sessions? Yes ____ No ____

During the season our teams may be photographed or filmed for coaching purposes, or as part of match coverage in newspapers or for use on our club website or for publicising our Club. Such photographs will adhere to the GAA Guidelines for use of photography and filming. If you object to your child being photographed or filmed it is a requirement as part of this registration process that you, as a parent/guardian, contact the Team Manager or Club PRO to inform them of your wishes.

P.T.O.

- We/I understand that the Applicant's Personal Data will also be used for administrative purposes to maintain their Membership including club and team administration, registrations, teamsheets, referee reports, disciplinary matters, injury reports, transfers, sanctions, permits and for statistical purposes.
- We/I consent to WhatsApp groups which are a method of communication with groups.
- We/I have read and abide by Kiltha Og Child Welfare and Protection Code of Behaviour.

https://www.kilthaoq.com/uploads/9/6/9/4/96946318/kiltha_og_code_of_behaviour_2020.pdf

Medical Information:

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child's health, welfare or behaviour while participating in our activities.

- 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 _____

cash/cheque.

Membership Fee: One Child - €50, Two Children - €90, Three or more children - €100