

Reference Number: _____



Dromintee GAC

Youth Membership Application 2016

Player Name	
D.O.B & Team	
Address	
Postcode	
Food Allergies	
Parent's Mobile No.	
Home Phone	
Parent's Email	

**Club membership must be paid before players can take part in training/matches.
By signing below I agree to the following terms and conditions**

- I give permission for my child to travel with Dromintee GAC to various football matches/events during the 2016 season.
- I hereby give my permission for Dromintee GAC to videotape training sessions / matches and take team photographs for club purposes (Facebook, twitter, websites, newspapers, yearbooks etc.).
- It is mandatory to use a mouth guard in all Gaelic football matches and training sessions from January 1st 2014. I hereby have read and will ensure this rule is adhered to at training sessions and games. **I will ensure that my child will wear his\her Mouth guards to training and games.** I am fully aware if a player refuses to comply with a Referee's instruction to wear a mouth guard, he\she will incur the penalty as outlined in (Rule 6.2, Rules of Foul Play, The Playing Rules of Football, Official Guide, Part II, 2012) 'Caution the offender; order off if he persists' Players should note that Players will not be covered under the GAA Player Injury Scheme if they are not wearing a mouth guard. Dromintee Players will not be allowed to played matches if they have no mouth guard.
- I have read Dromintee GAC Code of Conduct and have discussed it with my child.

Signed: _____ Date: _____

Reference Number: _____

Dromintee GAC are keen that the parents/guardians of each Youth member get the opportunity to play an active role within the life of the club. Please indicate below any area in which you are already involved or would be willing to get involved with in the coming year. A member of the Club Executive will be in contact with you in due course to discuss specific roles.

	Club Executive
	Coaching
	Fundraising
	Social Club
	Lottery
	Grounds/Steward
	Cultural / Scor
	Hospitality/Catering
	Camogie
	None of the Above

Membership Fee:

Type	Fee	Paid	Method	Signed
Under 6	£10			
Under 8 to Minor	£20			
Family @ £60	£ 0		n.a.	
Gold Family	£ 0		n.a.	

Membership Proposer: _____ (Registrar)

Membership Seconder: _____ (Asst. Registrar)

Membership Approved: _____ Date: _____