BROADFORD CAMOGIE CLUB

MEMBERSHIP 2016

Name: _____

Ainm: _____

Date of Birth: _____

Address: _____

_____

Parent / Player Mobile Number (Parent Number if U16): _____

Email Address of Parent / Player (Parent Email if U16): _____

Name of Parent / Guardian: _____

Tel No: (Home) _____ (Mobile) _____

Authorised Person if Parent / Guardian cannot be contacted: _____

Tel No of Authorised Person: _____

Medical Details: _____

_____

Name of G.P.: _____ Tel No: _____

Payment Options

Pay in Full or Instalments _____ Number of Instalments: _____

Parents / Guardians Declaration Form

- I will abide by the rules and procedures set down by Broadford Camogie Club's code of practice for Children in Sport
- I will encourage my child to play by the rules
- I will endeavour to have my child punctual for training and matches
- I accept Broadford Camogie Club is not responsible for my child before starting and after finishing times of training and matches
- I will encourage my child to respect coaches, officials and other players
- I will be responsible for collecting my child after training and matches
- I will ensure my child will have proper attire and equipment

SIGNED: _____ Date: _____

Players Declaration Form

- I will abide by the rules and procedures set down by Broadford Camogie Club's code of practice for Children in Sport
- I will play by the rules of Camogie and abide by the rules set down when travelling to away events
- I will treat my coaches and officials with respect
- I will treat other players fairly
- I will play the game for enjoyment and endeavour to do my best at all times
- I will be modest in victory and gracious in defeat
- I will pay my membership fee on time

SIGNED: _____ Date: _____

------> P.T.O.

By signing you are giving your consent that your photo may be taken and appear on all forms of media (e.g. Newspaper, Brochures, Advertising, Website, and Facebook etc.) Note: these are just examples and not a complete list of media that the photo may appear on.

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To All Parents / Guardians

Re: Administration of First Aid.

I _____ give

permission for (Child's name) _____ to receive first aid in

the event of an injury while training or participating in a match for Broadford Camogie Club.

We the club, would like to be informed of any illness or allergies your child suffers from

e.g.: Asthma, Epilepsy etc.

_____

_____

_____

_____

_____

_____

Signed: _____
              Parent/Guardian