



Broadford Camogie Club Membership Form

Name of Member:		
Ainm (name in Irish):		
DOB:		
Address:		
Parent / Player mobile # (parent num if U18)		
Parent / Guardian Name:		
Contact Number:	(Home)	(Mobile)
Email address:		
Does your child suffer from any	y illness that the club should be aware of?	
Club for the contractual child's Membership for I understand that I can Personal Data will ther I understand that my/m maintain my/my child's disciplinary matters, inj	ny child's Personal Data will be used for adm s Membership including registrations, team-s jury reports, transfers, sanctions, permits an o not provided my/my child's Personal Data,	nd maintaining my/my subsists. g to the Club and my ninistrative purposes to sheets, referee reports, d for statistical purposes.
I give my consent, by ticking the be	oxes and signing below, for my information to be	used as follows:
games or activities conne	I am aware that my child's photograph or video image may be taken whilst attending or participation in games or activities connected with the club and I consent to it being used on the Club website, Facebook or community media channels associated with the club	
To provided me with deta	ails of Club fundraising activities	
To contact me in relation	on to volunteering opportunities at the club events and activities	
To provide me with updat	tes regarding Club activites such as matches, me	etings and club events
	Iness requiring hospitalisation, where I cannot be on my behalf, if urgent treatment is required.	reached, I give permission for
	ide me with updates via WhatsApp or Viber regal nes, training, events etc.)	rding all club activities
	s code of Conduct & Best Practice policy and w.camogie.ie/official-rules-of-camogie-association	
Signature of Parent/Guardian:		_ Date:
Signature of Player:		_ Date: