



## **Broadford Camogie Club Membership Form**

Signature of Player:		Date:
Signature of Parent/Guardian:		Date:
·	s code of Conduct & Best Practice policy and w.camogie.ie/official-rules-of-camogie-associ	
	de me with updates via WhatsApp or Viber regardes, training, events etc.)	ling all club activities
	stration of First Aid. I give permission for my child to receive first aid in the event of an injury while g or participating in a match for Broadford Camogie Club.	
To provide me with updat	es regarding Club activites such as matches, mee	etings and club events
To contact me in relation	o volunteering opportunities at the club events and activities	
To provided me with deta	s of Club fundraising activities	
games or activities conne	s photograph or video image may be taken whilst cted with the club and I consent to it being used o media channels associated with the club	
I give my consent, by ticking the bo	oxes and signing below, for my information to be u	used as follows:
Club for the contractua child's Membership for I understand that I can Personal Data will then I understand that my/m maintain my/my child's disciplinary matters, inj	y child's Personal Data will be used for admi Membership including registrations, team-sh ury reports, transfers, sanctions, permits and not provided my/my child's Personal Data, r	d maintaining my/my ubsists. to the Club and my inistrative purposes to neets, referee reports, if for statistical purposes.
We the club, would like to be in	formed of any illness or allergies your child s	suffer from e.g. asthma?
Email address:		
Contact Number:	(Home)	(Mobile)
Parent / Guardian Name:		
Parent / Player mobile # (parent num if U18)		
Address:	- <del></del>	
DOB:		
Ainm (name in Irish):		
Name of Member:		