

Confidential



Cumann Luthchleas Gael Naomh Brid Béal Feirste

st. BRÍGÍD'S gac BELFAST
Founded 1998



2018 Membership Form

Please indicate below the type of membership you require:

| | | | | |
|--------------------------------|------|--------------------------|-------------------------------------|-------------------------------|
| | (✓) | | | (✓) |
| Adult Senior: | £120 | <input type="checkbox"/> | Family: with one child: | £120 <input type="checkbox"/> |
| Adult Senior (Student): | £70 | <input type="checkbox"/> | Family: more than one child: | £190 <input type="checkbox"/> |

Adult / Family Details:

Adult / Lead Parent or Guardian Name: _____ **Second Parent or Guardian Name:** _____

Address: _____
Post Code: _____

Adult / Lead Parent or Guardian:

Home Phone: _____ **Work Phone:** _____ **Mobile:** _____ **Email:** _____

Second Parent or Guardian:

Home Phone: _____ **Work Phone:** _____ **Mobile:** _____ **Email:** _____

Family Details (Children aged 18 or younger)

| Forename | Surname | Gender (M / F) | DoB | School Name | School Year |
|----------|---------|----------------|-----|-------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note - Please provide details of any allergies or special notes concerning any of the above children:

Please see overleaf for payment details, parental consent and data protection T&Cs

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Payment Details:

It is the club's preference that memberships are paid via the online Klubfunder facility available through the club website. This can be accessed by clicking the link below and following the on-screen instructions:

https://www.klubfunder.com/Clubs/St_Brigids_GAC/Membership#MembershipOptions

If you are unable to pay this way, the alternative methods of payment are listed below:

| | | | |
|----------------|--------------------------|--|----------------|
| <i>Cheque:</i> | <input type="checkbox"/> | Please make cheques payable to St.Brigids GAC: | Date Received: |
| | | | _____ |
| <i>Cash:</i> | <input type="checkbox"/> | | _____ |

Parental / Guardian Consent:

I give permission for my child/children to attend training and playing sessions.

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to the contact details provided to the Club.

In the event of illness, having parental responsibility for the child/children named overleaf, I give permission for medical treatment to be administered where considered necessary by a nominated First Aider, or by suitably qualified coaches. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Following the GAA's Annual Congress in April 2012 a new rule was enacted that made it mandatory to use a mouth guard in all Gaelic football matches and training sessions from January 1st 2013. More information on the website www.stbrigidsgac.com

I have been made aware that St Brigids GAC Belfast has developed a child protection policy and the Club is committed to ensuring the safety of my child by having:

- A coaches/volunteer charter;
- A clear recruitment policy (inc. vetting all coaches and volunteers);
- A transport policy;
- A photography policy;
- An anti-bullying policy;
- Disciplinary procedures;
- A designated person for child protection; and
- Guidelines on confidentiality

Data Protection:

Please read the data protection information contained in the link below to understand your rights as outlined in data protection legislation:

<http://stbrigidsgac.com/2018/01/25/gdprinfo/>

Please Sign:

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in and travel to all activities. I have read the important data protection information and understand my rights as outlined in data protection legislation.

Occasionally photographs of matches/training are taken for publicity purposes, please tick here if you wish your child to be EXCLUDED from this.

Parent / Guardian / Senior:

Signature: _____

Print Name: _____

Date: _____