



Murroe-Boher Bord Ná nÓg



REGISTRATION APPLICATION FORM

The completion of this form is essential so as to enable your child to participate in all GAA games, training and other activities in the Club.

Child's Name: _____ .

Child's Name [in Irish] _____ .

Full Address: _____ .

Child's Date of Birth: _____ .

Home Number: _____ .

**Parent/Guardian
Mobile Number:** _____ .

Please state if your child has been diagnosed with any specific illnesses, conditions allergies or disabilities of which we should be aware (i.e. asthma, diabetes, epilepsy, allergies to particular food/drink etc). Is your child currently taking any medication they will need to administer during training/games/club activities?

Information on team training and games etc. will be sent to you via group texts. It is the Club's wish that this information be sent to the parents or guardians of our under age players rather than directly to the under age players.

What **Contact Number** may we use for this purpose: _____ .

During the season our teams may be photographed or filmed for coaching purposes or part of match coverage in newspapers or for use on GAA websites. Such photographs will adhere to the GAA Guidelines for the use of photography and filming.

Do you give your consent for your child to be photographed/filmed under the above conditions? Please circle as relevant: **Yes / No**

I accept and understand the GAA Code of Good Behaviour, on my own behalf and on behalf of my child .

Signed: _____

Date: _____

Chairman – Ray Ryan; Secretary – Rory Moylan; Treasurer – Ollie Foley