LAVEY GAC
Underage Registration Forms

Child rate: £10 Family rate: £10 first child + £5 per additional family member

PARENT/GAURDIAN DETAILS				
Parent Name:				
Address:				
			Postcode:	
Contact Number:		Email Address:		

Are you a member of Club Lavey (please circle):	YES	NO
If NO, someone from the Club Lavey Committee will be in contact with you to arrange for you to join so that you can support the ongoing running costs involved in the coaching of your children. By joining Club Lavey you are also entered in our monthly Club Lavey Draw with prizes of up to £1000 per quarter.		
Information on team training, games or club news will be sent to you on a regular basis via group texts. It is the Club's wish that this information be sent to the parents or guardians of our underage players rather than directly to the underage players. What telephone contact number may we use to contact your child?		
Information contact number:		
As a club we rely on parent volunteers to coach, supervise, assist on match days, help with administration duties and fundraise for the club. Would you be willing to help?	YES	NO

If YES, what area would you be willing with assist with (please tick)?

Coaching/Supervising		*Fundraising*	
Assisting on Match Days		*Cleaning & Maintenance*	
Administration		*Refreshment/tea/coffee (e.g. for travelling teams)*	
Other (please state):			

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

I accept my child/children being photographed/filmed in accordance with the GAA Guidelines for use of photography and filming.

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

Signature of parent/guardian:		**Date:**

Child Details (Child 1)				
Child Name:		Sport (please tick):	Football	
			Hurling	
			Camogie	
Child Date of Birth:		Childs School:		

Child's relevant medical condition or relevant medication information: (Please include any details of allergies, prescribed medication etc)

Child Details (Child 2)				
Child Name:		Sport (please tick):	Football	
			Hurling	
			Camogie	
Child Date of Birth:		Childs School:		
Child's relevant medical condition or relevant medication information: (Please include any details of allergies, prescribed medication etc)				

Child Details (Child 3)				
Child Name:		Sport (please tick):	Football	
			Hurling	
			Camogie	
Child Date of Birth:		Childs School:		
Child's relevant medical condition or relevant medication information: (Please include any details of allergies, prescribed medication etc)				

Child Details (Child 4)				
Child Name:		Sport (please tick):	Football	
			Hurling	
			Camogie	
Child Date of Birth:		Childs School:		
Child's relevant medical condition or relevant medication information: (Please include any details of allergies, prescribed medication etc)				

Child Details (Child 5)				
Child Name:		Sport (please tick):	Football	
			Hurling	
			Camogie	
Child Date of Birth:		Childs School:		
Child's relevant medical condition or relevant medication information: (Please include any details of allergies, prescribed medication etc)				