

**LAVEY GAC****Underage Registration Forms- Football, Hurling & Camogie**

Child Rate: £15 Family Rate: £15 first child + £10 per child for each child thereafter

**PARENT/GUARDIAN DETAILS****Parent Name:****Contact Number:****Address:****Email Address:****Are you a member of club Lavey?**

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, you will be entered into our monthly Club Lavey draw. Not being a member of Club Lavey places responsibility for all medical expenses with parents in the event of an accident, until these are recovered from the GAA players injury scheme.*

*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.*

**As a club, we rely on parent volunteers to coach, supervise, assist on match days, help with administration duties and fundraise for the club. In which areas would you be willing to help?**

Coaching/Supervising

Fundraising

Assisting on match days

Cleaning/Maintenance

Refreshments (e.g. tea/coffee for travelling teams)

Administration

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 website and social media pages. 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 children.**

**Signature of Parent/Guardian:****Date:****CHILD DETAILS****Child Name:****Child Date of Birth****Sport:**

Football

Camogie

Hurling

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