

Uí Raithilligh Tailte an Cholaiste

Collegeland O'Rahillys

Cumann Lúthchleas Gael

Youth Membership Application Form



Ainm/Name: _____

Dáta Breithe/ Date of Birth: ___/___/___

Seoladh/ Address: _____

_____ Post Code: _____

Parent's phone No: _____ Parent's Mobile: _____

Parents email: _____ Is parent a Club Member: _____

Child's School: _____

Medical Conditions: _____

PLEASE READ BEFORE SIGNING:

I am aware that Collegeland O'Rahillys GAC has implemented a Child Protection Policy designed to protect its youth members and all other members of the club.

I commit to assisting the club with regards to promotion and development of Games and implementation of the Code of Best Practice.

I hereby apply to Uí Raithilligh Tailte An Cholaiste for Youth Membership both of the Club and Cumann Luthchleas Gael on behalf of my child.

Ainm/Name of Child: _____

Ainm/Name of Parent: **PRINT** _____

Síniú/ Signature of Parent: _____

Dáta/Date: _____

Runai:

Membership approved by:

Dáta:

Síniú:

2013