

CLUB REGISTRATION FORM 2019

Cumann Camógaíochta Creachmhaoil

www.craughwellcamogie.ie

A: REGISTRATION DETAILS:

Name of player	Date Of Birth (DD/MM/YY)

B: PLAYERS DETAILS – OVER 18's

PARENT/GUARDIAN CONTACT DETAILS FOR U18 PLAYERS **(PLEASE PRINT IN BLOCK)**

Name: _____

Postal Address: _____

E-mail Address: _____

Home Phone: _____ Mobile Phone: _____

Additional Contact Details (in case of emergency):

Name: _____ Relationship to Player: _____ Mobile Phone: _____

Any Medical Conditions: _____

C: AFFILIATION FEES AND NOTES:

- Affiliation & insurance for players under 18yrs €60.00
- Affiliation & insurance for players over 18yrs 80.00
- Club Membership only (Social Members) €20.00
- Family Membership (U' 18's only) €170.00

Please note the following:

- The club requires that all players and those involved in team training, coaching, selection and any others supporting this effort be paid up club members before training or games commence. Note that for insurance purposes all involved must be paid-up club members.
- A player will only be allowed train/play with the club once they have completed a registration form and paid fees. It will take three working days for registration to be processed. No player will be allowed train/play a match unless registered more than four working days in advance of the training session/game.
- All players must wear a helmet when entering the pitch/training areas for insurance purposes. If you receive an injury while playing with the club, it must be reported to an officer of the club immediately

If you require a copy of the Registration Form pertaining to you/ your child or young person, please feel free to contact the Club Registrar and this information will be provided to you within a maximum period of one month as per the GDPR regulations

It is the responsibility of parent/players to inform managers of any medical conditions or allergies

PARENTAL/GUARDIAN CONSENT:

The following statements should be read and boxes ticked to give consent. The registration form must be signed by the player & parent/guardian whose name and address were provided in Section B above.

Please tick (✓) the boxes to give consent	
In the event of an emergency whereby I cannot be contacted, I give permission for the above named to be brought to a suitably qualified medical practitioner to provide emergency medical treatment or medication.	
I consent to Craughwell Camogie Club holding the above information on me/my child or young person for the purposes of managing club membership.	
I consent to Craughwell Camogie Club storing this Registration Form in a locked filing cabinet and am happy to allow the Club Registrar, Secretary and Child Welfare Officer to have access to this information if and when required.	
I consent to Craughwell Camogie Club retaining the above Registration Form for a period of three years to manage club membership.	
I consent to coaches holding my name, email address and mobile number on a database for the purposes of sending texts or emails for team management.	
I consent to Craughwell Camogie Club PRO holding my mobile phone number on an electronic device (owned by the club) for sending club messages regarding upcoming club events.	
I consent to Craughwell Camogie Club coaches (age appropriate to me/my child or young person) contacting me via text or <i>WhatsApp group message</i> for the purpose of organising training, matches and other relevant business relating to the club.	
I consent to Craughwell Camogie Club recording me/my child or young person's information on team sheets and training attendance lists.	
I consent to Craughwell Camogie Club taking photographs of me/my child or young person and putting them on the Craughwell Camogie Club website and Facebook page for the purpose of promoting the club.	
I consent to Craughwell Camogie Club video recording me/my child or young person during matches for the purpose of training.	
I consent to Craughwell Camogie Club sharing me/my child or young person's information with Willis Insurance (clubs insurance company) in the event of the player making an insurance claim.	
I consent to Craughwell Camogie Club sharing me/my child or young person's information with the County Board in the event of the players being invited to participate in county trials or events.	
I consent to Craughwell Camogie Club holding Garda Vetting Forms and information on me/my family if required under Child Protection laws (applicable to coaches/mentors or host families where appropriate). This information will be stored in a locked filing cabinet for a period of 5 years for club management. After which time the information will be erased via shredding.	

NOTE: *The purpose of collecting data is for management of club membership and communication with club members/parents & guardians where appropriate. The information will not be shared with any third party unless specified above. If you are not happy for your information to be held by Craughwell Camogie Club you should contact the Club Registrar Geraldine Kelly who will assist you.*

Craughwell Camogie Club expect all parents and players to abide by this **Code of behaviour** and by registering with the Club you are consenting to the Code.

It is the responsibility of parents/players/managers/mentors to read the link below:

www.gaa.ie/clubzone/child-welfare-and-protection/gaa-code-of-behaviour/

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

