



Balla GAA Club Membership Registration Form 2011



Membership Type: Youth Adult

Name (Block Capitals)

Address

Date of Birth/...../..... (required for players up to and including Under 21)

Telephone: HomeMobileE-Mail

Parent / Guardian Contact Number

Medical Information

ANY MEDICAL INFORMATION PARENT / GUARDIAN OR ADULT PLAYER MAY DEEM RELEVANT TO THE CLUB.

Medical Condition /Medication

Doctor's Name and contact number.....

School Information

WHAT SCHOOL/COLLEGE DOES APPLICANT ATTEND

School/College

Declaration

I hereby apply to **Balla GAA Club** for: **Adult Membership** **Youth Membership**
of **Cumann Luthchleas Gael** (The Gaelic Athletic Association).

I agree to abide to the rules and codes of conduct laid down by **Balla GAA Club**.

I agree to participate in various social and fundraising events for **Balla GAAClub** when requested to by my team management or the Club Executive.

I agree to respect my team management and my team mates at all times when representing **Balla GAA Club** on or off the field of play.

I agree to turn out in the correct club colours (socks and shorts) when playing for **Balla GAA Club**.

I agree to respect the Club facilities and property and appreciate the work that is done to keep our dressing rooms clean and tidy and our pitch in excellent playing condition.

It is the intention of **Balla GAA Club** to provide **ALL** of our players with the best possible facilities and support to achieve maximum success for our **Club**.

Player's Signature Date

Parent / Guardian Date
(required up to and including minor level)

For Official Use Only

Membership Approved by (**Club Executive Member Only**)

Signature Date