



Tir Chonail Gaels



The Pavilion, Berkeley Avenue,
Greenford, Middlesex, UB6 ONZ

Tel: 0208 864 3494

www.tirchonailgael.com

YOUTH PLAYER REGISTRATION 2018

TCG do not share this information with any third parties except for GAA Player registration purposes.

(Please Print All Details clearly and delete as appropriate where indicated by a *)

PLAYER DETAILS			
SURNAME			
FORENAME(S)			
DATE OF BIRTH		Gender	Male/Female*
ADDRESS			
SCHOOL/ COLLEGE*			

(Team communications will be via Group E-mail and/or Text and Club Website. NB: Please note that this means your contact details may be visible to other members included in the communications.)

PRIMARY CONTACT (**required field)	
RELATIONSHIP	Parent/Guardian/Other*(Please state)
NAME	
HOME TEL	
MOBILE TEL**	
E-MAIL**	
ALTERNATIVE CONTACT (Optional)	
RELATIONSHIP	Parent/Guardian/Other*(Please state)
NAME	
HOME TEL	
MOBILE TEL**	
E-MAIL**	

JUVENILE MEMBER CONSENT (Under 18) (TO BE COMPLETED BY PARENT/GUARDIAN* & PLAYER)

Please delete as appropriate where indicated by a * then sign and date at the bottom.
TRANSPORTATION: I consent to my child travelling to venues for matches and training by transport arranged by the club which may include travelling in other parents or club mentors private cars.
PHOTOGRAPHY: In some environments, particularly adult competition it is impossible to control photography by external parties, however, I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Tir Chonail Gaels GAA Club. Such images shall only be used for publicity/training purposes in accordance with the Tir Chonail Gaels GAA Club Children in Sport Policy and give consent for my son/ daughter* to feature in such photos/ images. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes ie local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.
CODE OF CONDUCT: I agree that myself as parent/guardian* and my child will adhere to the club's 'Codes of Conduct' for Parents and Players when attending club games and events.
CLUB RULES: I agree that myself as parent/guardian* and my child will adhere to the Tir Chonail Gaels Club Rules and respect the authority of Club Officers and Team Coaches and Managers.

SIGNED		DATE		PARENT/GUARDIAN
SIGNED		DATE		PLAYER

Mouth Guards Compulsory for all GAA Training & Games

Medical and First Aid Consent

(To be completed by PARENT or GUARDIAN)

In case of emergency and as part of the clubs responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

Does your child suffer from any known allergies (including medications)? (Please state)	
Does your child have any long term medical condition or injuries? (Please state)	
Is your child taking any regular medication? (Please state)	
Declaration: I consider my child to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that my child is injured I give my permission for the team managers/coaches appointed by TCG to obtain emergency medical treatment on my behalf (including administering prescribed medications as advised above).	
SIGNED	(PARENT/GUARDIAN)
DATE	