

Membership & Insurance Form 2018



CLUB PÉILE SEAN MISTÉAL Machaíre Cluain



Section 1: Member(s) Details

Adult / Parent Name: _____ Juvenile Name: _____

Adult / Parent Name: _____ D.O.B: _____

Address: _____ Juvenile Name: _____

_____ D.O.B: _____

_____ Juvenile Name: _____

Email: _____ D.O.B: _____

Mobile: _____ Juvenile Name: _____

Email: _____ D.O.B: _____

Mobile: _____

I the undersigned acknowledge that I have read and understood in full a copy of the **Code of Behaviour** and I agree to be bound by the principles set out in the Code when participating, playing or attending our Gaelic Games.

Signature: _____ Date: _____

Note 1: It is now club policy that at least One Parent/Guardian are members of the club

Note 2: ONLY Boys 6yrs of age by December 31st 2018 will be eligible to play U7 in 2018.

Note 3: Family Membership includes: Both Parents/Guardians, their children, Boys and Girls up to the age of 18yrs

Section 2: Membership Options and Cost

Please select one membership option below:

Family Membership

- Option 1: Platinum Family €290 €50 Deposit..€20 per month Direct Debit (Bank Debit Mandate form to be filled)
- Option 2: Platinum Family €290 entitles entry to 3 free lotto envelopes per week
- Option 3: Basic Family €150 entitles entry to 1 free lotto envelope per week
- Option 4: Basic Family 1+1 child €140 entitles entry to 1 free lotto envelope per week

Adult Membership

- Option 1: Platinum Adult €265 entitles entry to 3 free lotto envelope per week
- Option 2: Basic Adult €125 entitles entry to 1 free lotto envelopes per week
- Option 3: Basic Adult couple €140 entitles entry to 1 free lotto envelope per week

Player Membership & Insurance

- Option 1: Platinum Adult Player €290 entitles entry to 3 free lotto envelope per week
- Option 2: Basic Adult Player €150 entitles entry to 1 free lotto envelopes per week

Student Player Membership & Insurance

- Option 1: Student Player €125 entitles entry to 1 free lotto envelope per week

Lotto participation starts first Monday in April 2018 and ceases on last Monday of March 2019 in conjunction with lotto draw.

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Lotto Player name: _____

Lotto Player name: _____

Lotto Player name: _____

All platinum members will be entered to free draw at 2018 AGM

Section 3: Special Requirements and Medical History

Below: Please fill in Details of Child's special requirements or medical history (i.e. details of any known allergies, conditions or medications taken by your Child). Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child's welfare or behaviour while participating in our sports:

Juvenile Player(s) Name: _____

Allergies: _____ Medications: _____

Medical Condition(s): _____

Medications: _____

Signature of Parent / Guardian: _____

Date: _____

Section 4: Declaration of consent

- Permission is granted to Magheraclone Juvenile Football Club to use / take photographs of _____ in any publicity material relating to the club.
- I agree to first aid being administered to _____ in the case of an emergency / injury and follow on treatment as may be necessary.
- Coaches / club are not responsible for children before or after the time of training. I agree to drop off / pick up _____ at specified times.
- It is the Parents / Guardians responsibility to ensure that the Juvenile(s) named above has an approved Gum Shield when attending Training / Games. No Juvenile(s) will be allowed to Train or Play Gaelic Games for Magheraclone unless they are wearing an approved Gum Shield.

Signature of Parent / Guardian: _____

Date: _____