

# Membership & Insurance Form 2019



**CLUB PÉILE  
SEAN MISTÉAL**  
Machaire 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 2019 will be eligible to play U7 in 2019.

**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 €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
- Option 2: Full Time Student Player €50 no lotto entitlement

Lotto participation starts first Monday in April 2019 and ceases on last Monday of March 2020 in conjunction with lotto draw.

Please tick box if you wish to retain prior year's numbers otherwise advise new numbers below

<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 2019 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: \_\_\_\_\_

- Permission is granted to Magheracloone 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 Magheracloone unless they are wearing an approved Gum Shield.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_