



# Na Gael C.L.G.



(066) 7127577 Cillín, Trá Lí, Co. Chiarraí nagaeil@kerry.gaa.ie

## Cumann Lúthchleas Gael - Youth Membership Application Form

Ainm/Name: \_\_\_\_\_

Seoladh/Address: \_\_\_\_\_

Youth Phone Number: (Mobile) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Name of School: \_\_\_\_\_

I hereby apply to Na Gael Club for Membership and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association). I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael, and to abide by its rules. I understand and I agree to abide by the code of conduct for players, as supplied.

I attach herewith the appropriate membership fee as determined by the above club. : \_\_\_\_\_

Sínte / Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### FOR PARENTS / GUARDIANS

I / We agree to abide by the code of conduct for parents as supplied and endeavour to ensure that our / my child abides by the code of conduct for young players as supplied. I / We consent to the above application and to undertakings given by the above named applicant.

I / We agree that appropriate club photographs of my child can be used in the club web site and in other public issues such as newspapers.

Signed: \_\_\_\_\_ (Parent / Guardian 1)

Name: \_\_\_\_\_ Phone / Mobile \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent / Guardian 2)

Name: \_\_\_\_\_ Phone / Mobile \_\_\_\_\_

Relevant medical or other needs of applicant: \_\_\_\_\_

### For Official Use Only:

Youth Membership Application approved by Na Gael C.L.G.

Executive on \_\_\_\_\_ Dáta.

Sínte: \_\_\_\_\_ Club Runaí.

Registered in Central Membership Database: \_\_\_\_\_

Membership Identification Number: \_\_\_\_\_



Na Gael C.L.G.

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\_\_\_\_\_ is a youth member of Na Gael C.L.G. and is bound by the Rules of the Club.

Signed \_\_\_\_\_ Youth Member

Sínte \_\_\_\_\_ Club Runaí