



Cumann Luthchleas Gael

St. Maccheu's G.A.C.



Youth Membership Details

Name	
DOB	
Address	

Parent Information

Name	
DOB	
Address	
Mobile	
Home	
Email	

Member

Registrar



Parental / Guardian Consent

As part of your sons/daughter's participation there may be times when

Permission (Please tick choice)

Your son/daughter may have to be taken to a doctor/hospital	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Travel to away matches by car/bus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Be photographed for publicity purposes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Would you like to

Help With Coaching

No playing, coaching experience is necessary. Mentoring, training provided.

Please tick if you would like the club to approach you about becoming involved

Under 8 Under 10 Under 12 Under 14 Under 16 Under 18

Club Lotto

I wish to regularly subscribe to the weekly Club Lotto (£1 per set of 4 from 25 numbers)

Please tick and a club representative will contact you