



Shankill GAA Club



Yes my child is interested in joining:

Name of child:

Date of birth:

Name (in Irish):

School:

Address

I wish to play

Hurling/Camogies

Football

Both

Medical requirements: if intending players have any medical or other condition that could interfere with their ability to participate safely then it is recommended that they discuss their participation with their General Practitioner (GP). Where appropriate your Team Mentor(s)/ Coach should be made aware of the situation, in the strictest confidence in case of emergencies.

Parent/Guardian details:

Parent/guardian name:

Landline:

email:

Signature

Dated

The club is run by volunteers and are always looking for help. Are you willing to help out?

Consent: by signing this form I consent to my child joining Shankill GAA Club. On his/her behalf I subscribe to the aims and objectives of the Club and its affiliated associations and undertake to abide by its rules. It is the intention of Shankill GAA to promote the club through the publication of images of players, teams and events in local publications, social media websites and literature. If you have any particular issues or concerns with the publication of images featuring your child please advise Shankill GAA club accordingly. If no correspondence is received then parent/guardian consent is assumed.