



Erin Go Bragh GAA Club



MEMBERSHIP REGISTRATION FORM 2019

** Online Registration: www.egb.ie or Mobile App Clubforce.com **

Membership Categories:

	Employed	Please Tick	Unemployed / Student	Please Tick	Payment Method	Amount		
Full Adult Member	€175	<input type="checkbox"/>	€100	<input type="checkbox"/>	Cash / Cheque /SO	€		
Gaelic for Mothers & Others (If not already part of Family Membership) Excludes €35 Insurance - Paid Separately	€90	<input type="checkbox"/>	€60	<input type="checkbox"/>	Cash / Cheque /SO	€		
Student (Full Time, incl. Apprenticeship) Playing Member (Irrespective of Family Membership - 18 – 22yrs on 1 st Jan 2017)	€100	<input type="checkbox"/>			Cash / Cheque /SO	€		
Family Membership (1) (Parent/s, ((Playing/Non Playing) + One Juvenile Member)	€200	<input type="checkbox"/>	€125 *	<input type="checkbox"/>	Cash / Cheque /SO	€		
Family Membership (2) (Parent/s + Two Juvenile Members)	€225	<input type="checkbox"/>	€145 *	<input type="checkbox"/>	Cash / Cheque /SO	€		
Family Membership (3+) (Parent/s + Three or more Juvenile Members)	€250	<input type="checkbox"/>	€165*	<input type="checkbox"/>	Cash / Cheque /SO	€		
Mentor Only	€85	<input type="checkbox"/>			Cash / Cheque /SO	€		
Associate Member	€85	<input type="checkbox"/>			Cash / Cheque /SO	€		
Nursery (All New and Existing Members Aged 4,5 & 6 yrs, If not already part of Family Membership)	€75	<input type="checkbox"/>			Cash / Cheque /SO	€		
ANNUAL LOTTO SUBSCRIPTION			Single Ticket €80	<input type="checkbox"/>	Three Ticket €200	<input type="checkbox"/>	Cash / Cheque /SO	€

* Family Membership for unemployed only applies where both parents are unemployed.

Member Details:

	Surname	First Name	Date of Birth	Player Y / N	Mentor Y / N	Medical Condition?
Adult 1:						
Adult 2:						
Juvenile 1:						*
Juvenile 2:						*
Juvenile 3:						*
Juvenile 4:						*
Juvenile 5:						*

* Please Complete Juvenile Medical Consent Form (Page 2)

Address:				Home Phone:	
_____				_____	
_____				_____	
Mother's /Guardian's Name:		Mobile No:		Email:	
Father's /Guardian's Name:		Mobile No:		Email:	
Signed *	_____	Date:		Amount Enclosed:	€ _____
	Member/Parent/Guardian				Cash/Cheque/SO





Erin Go Bragh GAA Club



* I/we hereby apply to Erin Go Bragh GAA Club for membership of both the club and Cumann Lúthcleas Gael (Gaelic Athletic Association). I subscribe to and undertake to further the aims and objectives of the Club and the GAA and will abide by its Rules and Codes of Conduct (available on www.eringobraghgaea.ie).

For Club Use: I hereby give my consent for the above named to be a member of Erin Go Bragh GAA Club.

Proposed By: _____ Member No. _____ Seconded By: _____ Member No. _____

Medical Consent:

		Does your Child have any <i>Medical Condition</i> that our Coaches/Mentors should be aware of?	Does your Child have any <i>Allergies</i> that our Coaches/Mentors should be aware of?	Does your take any <i>Medication</i> that our Coaches/Mentors should be aware of? *
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	Name	Please Tick	If Yes, Please Specify	Please Tick	If Yes, Please Specify	Please Tick	If Yes, Please Specify
Juvenile 1:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
Juvenile 2:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
Juvenile 3:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
Juvenile 4:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
Juvenile 5:		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	

Juvenile's General Practitioner – Name & Address:

Name: _____

Address: _____

Phone No:

Email Address: _____

- * Do any of your children need to be in possession of, or need to be able to administer medication while participating in Gaelic games?
- * If Yes, can your child administer this medication without assistance?
- * If you have answered yes to any of the above, please provide details on a separate sheet and attach to this form. **Please inform your child's team mentors of any relevant medical conditions.**

Yes No

Yes No

Consent:

Should it be deemed, due to medical consideration, that my child would require constant supervision, it shall be my responsibility to provide qualified adult cover.

I give my permission to bring my child to Hospital in case of emergency. **YES** **NO**





Erin Go Bragh GAA Club



Signed: (Parent / Guardian) Date:

.....

Contact No's:- Day: Evening: Mobile:

.....

If you would be interested in becoming involved in the Club either at Mentor or Committee Level please indicate below

Parental/Guardian Consent:

I / We are the parent(s)/guardian(s) of the above named Juvenile(s). I / We understand that photographs/video will be taken during or at sport related events and may be used in the promotion of the sport/club including on the EGB Website, Newsletter, Facebook Page or Twitter Account.

I / We hereby consent to the above Juvenile(s) participating in activities of Erin Go Bragh GAA club in line with the Clubs Code of Conduct, and The Code of Ethics for Young People in Sport as issued by the Sports Council Of Ireland. I / We will inform the Club/Mentors/Coaches of any changes to the information above.

I / We confirm that all details are correct and I/We are able to give parental consent for the above named Juvenile(s) to participate in and travel to all activities.

As parent(s)/guardian(s), I/We agree to adhere to the rules and regulations as set out in the GAA's joint Code of Best Practice in Youth Sport entitled Our Games - Our Code. This Code has been agreed between the GAA, the Ladies Gaelic Football Association, the Camogie Association, GAA Handball Ireland and the Rounders Council of Ireland. Breach of these regulations may result in Disciplinary action.

Data Protection Act: I / We consent to the details that I/we are being asked to supply to be retained on the computer file and to being used in connection with GAA activities by the Club.

SIGNATURE(S) OF PARENT/GUARDIAN:

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PRINT NAME:

DATE:

NOTES:

1. MEMBERSHIP:

Fee's can be paid by:

- (i) On-line option <https://clubforce.com/> (formerly known as myclubfinance.com)
- (ii) Completion and return of a signed membership form.

Forms and fees should be returned to club Registrar/Team mentor/Executive committee member.

Payments preferably by Cheque, Bank draft or EFT's mentioning relevant name.

Banking Details for Bank Transfer / Standing Order: Address: AIB Retail Park, Blanchardstown, Dublin 15

Sort Code: 93-25-15 Account Number: 31677018 IBAN: IE11 AIBK 9325 1531 6770 18 BIC: AIBKIE2D

2. MEMBERSHIP TYPES

Full Membership: Includes Adult/Gaelic for Mothers/Student/ Family memberships

Reduced Fee membership: Includes Mentor/Associate and Nursery membership.





Erin Go Bragh GAA Club



All membership types will be registered and insured for Erin Go Bragh GAA activities.
Erin Go Bragh GAA Executive committee reserve the right to admit new members.

3. AGM VOTING RIGHTS and All-IRELAND TICKETS:

Voting:

In line with GAA Rule 6.2 and 9.1 only adult Full Members paid in Full on/before 31st March 2019 will be eligible to vote.
(Full membership types: Reference point No. 2)

All-Ireland Hurling and Football Tickets:

Eligibility for inclusion in the draw for tickets will be on the basis of having:

A full Adult membership type (ref: point no. 2) which has been paid in full on/before 31st of March 2019.

Reduced fee memberships will not be eligible to vote at the AGM nor be eligible to enter ticket draw however may opt to subscribe as a full membership.

Part paid memberships on 31st March 2019 will not be eligible to vote at the AGM nor be eligible to enter ticket draws.

The aim of Erin Go Bragh, GAA Club is to promote the Cumann Lúthcleas Gael ethos within the community of Clonee, Dublin 15, through the provision of quality sports and related cultural activities for all irrespective of gender, ethnic background and religious beliefs.

