



SHAMROCKS HURLING & FOOTBALL CLUB



Registration Form **Membership** €30 per individual. €75 Family

Juvenile ☐

Adult ☐

Family ☐

Mentor/Committee ☐

	Name	Address	Date of Birth			Gender	
			Day	Month	Year	M	F
1							
2							
3							
4							

Contact Name (1): _____

Contact Name (2): _____

Tel. No: _____ Mobile: _____ Mobile (2): _____ Email: _____

Name of School and Class. _____

FOR PARENTS/GUARDIANS OF JUVENILES ONLY

Does your child have any illness that the club should know about? If so please give details below.

I understand that photographs will be taken during or at sport related events and may be used in the promotion of the sport.

I, hereby agree, if accepted as a member of Shamrocks GAA Club, to abide by the rules of the club. I agree that Shamrocks GAA Club, its Trustees or members, shall not be responsible for any loss, damage or injury whatsoever suffered by me, through the negligence or otherwise of any member of the club. **Please view the club's Child Protection Policy and Code of Discipline on our website WWW. SHAMROCKSGAA.COM. (Juvenile Section)**

Print: _____
(Parent/Guardian if under 18)

Signature: _____
(Parent/Guardian if under 18)

Date _____