

Coolaney - Mullinabreena GAA

Player Registration 2017

Player Details

NAME

D.O.B.

TEAM

Junior

Senior

U21

Mobile No.

Email

Address

Emergency Contact

Name

Mobile No,

I hereby apply for Membership of Coolaney Mullinabreena Club and 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 (The Gaelic Athletic Association), and to abide by its Rules, and I attach herewith the appropriate membership fee.

Signed

Date

Photograph Use

I acknowledge that I may be filmed / photographed at club events and that this material may be used in club promotional material.

Signed

Date

Secretary's Signature

Signed

Date

Coolaney - Mullinabreena GAA

Registration 2017 - Medical Information

1. Heart Condition Yes No
2. Diabetes Yes No
3. Epilepsy Yes No
4. Asthma Yes No
5. Lung Condition Yes No

6. Allergies
(List)

7. Any other Medical Illness coaches need to be aware of (List)

8. If Yes was answered to any of the above please provide here any important information coaches may need to be aware of.

9. If Yes was answered to any of the above please provide here instructions to be followed in case of an emergency.

I confirm that I have provided all relevant medical information.

Signed

Date