



# An Ghaeltacht CLG

Foirm Iarratais Ballraíochta do Ógánaigh

## CUID 1

### Sonraí Pearsanta & Teangbhála

Mar thuismitheoir/caomhnóir ar: \_\_\_\_\_.

Dáta Breithe:

Tugaimse mo chead dó/di páirt a ghlacadh i gcluichí, traenáil & imeachtaí eile de chuid An Ghaeltacht CLG

TUISMITHEOIR/CAOMHNÓIR: \_\_\_\_\_.

Uimhir gutháin an tuismitheora/caomhnóra:

Ríomhphost an tuismitheora/caomhnóra: .....

Ainm & uimhir gutháin éigeandála:

## CUID 2

### Eolas Sláinte Pearsanta

Sonraí de riachtanaisí speisialta mo pháiste nó stair leighis (msh. sonraí ar allergéithe, tinneas, nó ábhair leighis). Tá sé éigeantach ar thuismitheoir/caomhnóir eolas suas chun dáta a sholáthar go rialta i dtaobh ábhar leighis, a bhféadfadh tionchar a bheith aige ar shábháilteacht, leas nó iompar do pháiste agus é/í ag glacadh páirt in imeachtaí an chlub (cuirfear gfach eolas i dtaisce go cúramach agus tabharfar cúram oriúnach do phríomháideachas).

Sonraí Anseo (nó ar leathnach breise):

I gcás tinnis nó gortú, tugaim mo chead comhar leighis a chur ar mo pháiste, nuair a mheasann duine cáilithe chéad chabhraigh, nó feidhmí leighis le cáilíochtaí oiriúnacha, é a bheith riachtanach. Munar féidir teacht orm agus go bhfuil gá le aire eigeandála ospidéil, tugaim cead do feidhmí leighis cáilithe, comhar leighis éigeandála a chur ar mo pháiste agus/nó ábhar leighis a thabhairt do/di.

**Tugaim Cead**

**Ní Thugaim Cead**

### **CUID 3**

#### **Griangrafadóireacht**

Aontaím gur féidir griangrafanna agus íomhánna taifeadta a thógaint i rith nó ag imeachtaí oifigiúla an chlub, a bhféadfadh mo pháiste a bheith le feiceáil ann agus tugaim cead íomhánna de mo pháiste a úsáid i gcur chun cinn ar gcuid cluichí & imeachtaí agus go nglacaim le polasaí íomhánna & idirlín an chlub.

#### **Tugaim Cead**

#### **Ní Thugaim Cead**

### **CUID 4**

#### **Dearbhú Scríofa**

Is gá an foirm seo a líonadh ionas gur féidir le do pháiste páirt a ghlacadh i gcluichí Gaelacha, traenáil agus imeachtaí eile sa chlub.

#### **Tuismitheoir:**

Ba mhaith liom go n-úsáidfeadh An Ghaeltacht CLG téacsanna agus/nó ríomphostanna chun eolas a sholáthar i dtaobh an páirt a ghlacfaidh mo pháiste in imeachtaí an chlub, nó CLG Co.Phort Láirge, i line leis an gcleachtas is fearr CLG go náisiúnta.

Tá rialacha agus nósanna imeachta an CLG léite agam agus glactha agam leo mar atá said leagtha amach sa Chód CLG: Our Games Our Code - Best Practice in Youth Sport (ar fáil ar [www.anghaeltacht.ie](http://www.anghaeltacht.ie)) agus rialacha an chlub agus aird speisialta tógtha agam ar mo dhualgaisí mar thuismitheoir/caomhnóir.

Sínithe:

Dáta: \_\_\_\_\_.

#### **Imreoir:**

Tá na rialacha agus nósanna imeachta an CLG léite agam agus glactha agam leo mar atá said leagtha amach sa Chód : Our Games Our Code - Best Practice in Youth Sport (ar fáil ar [www.anghaeltacht.ie](http://www.anghaeltacht.ie)) agus rialacha an chlub agus aird speisialta tógtha agam ar mo dhualgaisí mar imreoir, nó tá siad mínithe go soléir dom ag mo thuismitheoir/caomhnóir.

Sínithe:

# An Ghaeltacht CLG

## Juvenile Membership Application Form (Translation Only)

### **SECTION 1**

#### **Personal & Contact Information**

*As Parent/Guardian of (child, Date of Birth), I give permission for the him/her, to participate in An Ghaeltacht CLG games, training and other activities of An Ghaeltacht CLG*

*Parent/Guardian name, contact telephone number/s: Parent/Guardian email address:*

*Emergency contact name & Telephone number:*

### **SECTION 2**

#### **Personal Health Information**

*I hereby give details of Child's special needs or medical history (i.e. details of any known allergies, conditions or medications). Parents/Guardians are obliged to disclose and keep up-to-date regularly, any information regarding medication which may impact on your child's welfare or behaviour while participating in our sports (all information will be stored carefully and suitable privacy will be observed by the club):*

*In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication*

### **SECTION 3**

#### **Photography:**

*I agree that photographs or recorded images can be taken during or at sport related activities, which may include my Child and may subsequently be used in the promotion of our Games and that I accept the club imagery & internet policy*

### **SECTION 4**

#### **Written Declaration**

*The completion of this form is essential so as to enable your child participate in all Gaelic Games, training and other related activities in your club.*

#### **Parent**

*I wish for my Club to use group text messaging and/or email relating to the participation of my son/daughter in relation to Club/County game's activity, in line with GAA best Practice Nationally*

*I have read and accept the rules and procedures of the GAA as set down in: 'Our Games Our Code' - Best Practice in Youth Sport (available on [www.anghaeltacht.ie](http://www.anghaeltacht.ie)) and club rules and that I have noted my responsibilities as a parent/guardian.*

#### **Player**

*..... Best Practice in Youth Sport (available on [www.anghaeltacht.ie](http://www.anghaeltacht.ie)) and club rules and that I have noted my responsibilities as a player, or they have been explained clearly to me by my parent/guardian.*