

**Juvenile Membership Application Form**

**Please note juvenile membership is a £30 donation per family.**

Name: Date of Birth:

(e.g. 06 02 08)

Address:

Post Code Parent/Guardian Mob:

School: Primary

Parent/Guardian Email:

Relevant medical condition or relavent medical information:

I agree for my son/daughter to be photographed for publicising our club via club website and social media etc. Please tick if you agree

I accept and understand the GAA Code of Behaviour, on my own behalf and on behalf of my son/daughter. Please tick if you agree

Signature of parent/guardian Date: