



Under 7's 2021 Application Form

This application form seeks that certain information be made available in relation to your child (e.g. medical data, permission for medical treatment, parent/guardian contact details). This information is only required at Club level and not for general registration purposes. Other options include use of photography and general club activity notification which should also be brought to the attention of those registering their children in the Association.

Ainm/Childs Name: _____

Seoladh/Address: _____

Date of Birth: ____/____/____

Gender:

I hereby apply to Gaeil Colmille for entrance to the Under 7 programme for 2021.

I subscribe to and undertake to further the aims and objectives of (Association) to abide by its Rules including the **Code of Behaviour (Underage)**, which is available at: <http://gaa.ie/the-gaa/child-welfare-and-protection/>

Sínte/Signed _____ Dáta: _____

Print Name: _____

Parent(s)/Guardian(s), on behalf of the above named:-

- We/I consent to the above Application and to undertakings given by the Applicant.
- We/I understand the personal data on this form will be used by the Club for the contractual purpose of registering (or re-registering) and maintaining the Applicant's Junior Gaeils details.
- We/I understand that the Personal Data will be retained by the Club for such period as the Applicant's participation in the Junior Gaeils Programme subsists and for a reasonable period thereafter.
- We/I understand that I can resign the Applicant's participation by writing to the Clubs Underage Football Chairperson and their Personal Data will then be erased except where the Club has a clear justification to retain such Personal Data (e.g. for child safeguarding purposes).
- We/I understand that the Applicant's Personal Data will also be used for administrative purposes to maintain their participation including club and team administration, registrations, teamsheets, referee reports, disciplinary matters, injury reports, transfers, sanctions, permits and for statistical purposes.
- We/I understand that if I do not provide the Applicant's Personal Data their application to the Junior Gaeils Programme cannot be registered with the Club.
We/I understand that one Parent should be present, with their own child, at all times whilst their child is attending the Junior Gaeils Programme

Sínte/Signed _____ (Parent/Guardian) Dáta: _____

Print Name: _____

Medical Information

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child's health, welfare or behaviour while participating in our activities.

- I consent to the processing of the personal medical data as outlined above for the purpose of administering medical assistance to my child if required.
- In the event of illness/injury, I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners.
- If I cannot be contacted and my child requires emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Sínithe/Signed _____ **(Parent/Guardian)** **Dáta:** _____
Parent or Guardian's contact telephone number: _____ **Email:** _____

I have read the important Data Protection information on the reverse of this form and have given my consent, by ticking the boxes and signing below, for my information to be used as follows: (Please tick as appropriate)

- To provide me on my own behalf and on behalf of my child with updates regarding Club activities such as games, training, meetings and club events
- To provide me with details of Club fundraising activities including, social occasions, ticket sales etc.
- I am aware that my child's photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used in the promotion of Gaelic Games, print, online/digital and social media mediums of communication

My contact preferences are as follows:

- Email SMS text message Other

Phone number: _____ Email address: _____

I understand that I can withdraw my consent at any time by writing to the Underage Club Football Chairperson. I understand my rights under Data Protection legislation, as outlined on the clubs website www.gaeilcolmcille.ie

Sínithe/Signed: _____ **Parent/Guardian)** **Dáta:** _____

Print Name: _____

Signature of Parent

_____ Dáta _____

Print Name _____

Signature of Parent

_____ Dáta _____

Print Name _____

All information held is in accordance with General Data Protection Regulations