

Warwickshire GAA Youth Registration Form

A player, who is not correctly registered, is not INSURED to play or to train

	Name of Club	
PLAYER INFORMATION	Players FULL Name:	
	Home Address	
		Post Code:
	Date of Birth	
	Please affix a current facial photograph here I hereby apply through Gaelic Games Association)	Please attach a copy of your child's Birth Certificate or Passport to verify name and date of birth. In line with GDPR, this will be securely shredded after verification by the County Registrar Club for youth player membership of Cumann Luthcleas Gael (The
	I subscribe to undertake to further the aims and objectives of the GAA and to abide by its Rules including the Code of Behaviour (Underage)	
	Sinithe/Signed	
		n and to undertakings given by the applicant
PARENT/GUARDIAN DECLARATION		
CLUB	□ I declare all details given are correct and that this player is not registered nor has been registered with any other club □ I understand details may be challenged by opposing Mentors or Club Secretaries, and investigations carried out. □ I understand any team found 'Guilty' of playing an over-age or unregistered player will be sanctioned by the County Board in accordance with the Rules of the Association. □ I understand that this master registration form will be held by Warwickshire County Board. Club Secretary Date	
COUNTY	Retention of records will be kept so Documentation verified	