



Ballinrobe GAA Club Parental Consent Form 2016

Please complete this form in full and return to your Child's Team Manager or your Club's Children's Officer. The completion of this form is essential so as to enable your child participate in all GAA games, training and other activities in your Club. Please note it is club policy to have children dropped off and picked up at the dressing rooms for outdoor training and matches, this is to ensure the safety of our players.

I wish to inform you that as Parent/Guardian of my child I give permission for my child to participate in games and other related activities of Ballinrobe GAA club.

Child's Name: _____

Parents/Guardian Name: _____

Address: _____

Child's Date of Birth: _____

Home Tel No: _____

Parent/Guardian Email: _____

Parent/Guardian mobile No: _____

Emergency Contact Numbers _____

Please state if your child has been diagnosed with any specific illnesses, conditions, allergies or disabilities of which we should be aware (i.e. asthma, diabetes, epilepsy, and allergies etc. to particular food or drink):

Is your child currently taking any form of medication? Yes/No: _____

If yes, please give details:

Does your child need to be in possession of, or need to be able to administer medication, while participating in GAA games or other activities?

Can your child administer this medication without assistance? Yes/No _____

Photographs may be taken which will be used only to promote the Club in media.

Yes/No: _____

Signature: _____ Date: _____
(Parent/Guardian)

To parent/guardian: Are you a member of Club Ballinrobe