

CASTLEISLAND DESMONDS  
CHILD/YOUTH MEMBERSHIP APPLICATION FORM

NAME: (PRINT)

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ADDRESS: (PRINT)

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DATE OF BIRTH:                    /                    /

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GENDER:

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I HEREBY APPLY TO DESMONDS GAA CLUB FOR MEMBERSHIP OF THE CLUB AND THE ASSOCIATION

I SUBSCRIBE TO & UNDERTAKE TO FURTHER THE AIMS & OBJECTIVES OF CLUB & 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>

SIGNED:

DATE:

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PRINT NAME:

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PARENTS/GUARDIANS, ON BEHALF OF THE ABOVE NAMED

WE/I CONSENT TO THE ABOVE APPLICATION & TO UNDERTAKINGS GIVEN BY APPLICANT.

WE/I UNDERSTAND THE PERSONAL DATA ON THIS FORM WILL BE USED BY THE CLUB & THE ASSOCIATION FOR THE CONTRACTUAL PURPOSE OF REGISTERING (OR RE-REGISTERING) & MAINTAINING THE APPLICANT'S MEMBERSHIP.

WE/I UNDERSTAND THE PERSONAL DATA WILL BE RETAINED BY THE CLUB & THE ASSOCIATION FOR SUCH PERIOD AS THE APPLICANT'S MEMBERSHIP SUBSISTS & FOR A REASONABLE PERIOD THEREAFTER.

WE/I UNDERSTAND THAT I CAN RESIGN THE APPLICANT'S MEMBERSHIP BY WRITING TO THE CLUB OR THE ASSOCIATION & THEIR PERSONAL DATA WILL THEN BE ERASED EXCEPT WHERE THE CLUB OR THE ASSOCIATION 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 MEMBERSHIP INCLUDING CLUB & TEAM ADMIN, REGISTRATIONS, TEAM SHEETS, REFEREE REPORTS, DISCIPLINARY MATTERS, INJURY REPORTS, TRANSFERS, SANCTIONS, PERMITS & FOR STATISTICAL PURPOSES.

WE/I UNDERSTAND THAT IF I DO NOT PROVIDE THE APPLICANT'S PERSONAL DATA THEIR MEMBERSHIP CANNOT BE REGISTERED WITH THE CLUB & THE ASSOCIATION.

SIGNED:

DATE:

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