



I wish to apply for membership to Carrigtwohill Ladies Football Club for 2017. My application indicates my agreement to abide by the rules of Cumann Peil Gael na mBan and Carrigtwohill Ladies Football Club.

My details are as follows:

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date of Birth:** Day  Mth  Year

**Phone - Home:** \_\_\_\_\_

**Phone - Mobile:** \_\_\_\_\_

**Medical Condition:** Yes:  No:

If 'Yes' to above, please attach any details relevant to the condition as well as any observations, medications and actions that you consider to be appropriate by team officials with regards to this.

**Previous Member:** Yes:  No:

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please tick as appropriate:

Age Group	Under 8	Under 10	Under 12	Under 14	Under 16	Minor	U21	Adult	Non-Player
Please Tick									
Fee	€ 45	€ 45	€ 60	€ 60	€ 60	€ 60	€ 60	€ 60	€30*

Guardians to Complete (for Applicants under 18):

**Parent/Guardian:** \_\_\_\_\_

**Phone No. 1 :** \_\_\_\_\_

**Phone No. 2:** \_\_\_\_\_

**Emergency No:** \_\_\_\_\_

**Email for Newsletter:** \_\_\_\_\_

Please note that pictures may be used for the promotion of the club on Facebook, Twitter and also on Club's Website pages. Names of Under 18's will never be disclosed in conjunction with these. If you wish that your's or your daughter's pictures not be used, please inform us of this in writing.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_  Cash  Cheque

\* Club Officers, coaches, mentors etc. - Fee €55 with Accident Fund application

All information on this form will be treated as private and confidential