

**NORTH AMERICAN COUNTY YOUTH BOARD, NEW YORK & CANADIAN MINOR BOARDS
GAELIC ATHLETIC ASSOCIATION / CYC
2012 PLAYER REGISTRATION FORM**

DIVISION: PHILADELPHIA CLUB: DELAWARE COUNTY GAELS YOUTH GAC
PLAYER'S SIGNATURE _____ Football Hurling Girls Football Camogie

DIRECTIONS: 1. Hardcopy to Registrar 2. Complete in full 3. Parent/Guardian SIGN at places indicated.

PLAYER INFORMATION:

FIRST NAME _____ LAST NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME TELEPHONE: (____) _____
CELL PHONE (____) _____ CELL PHONE COMPANY _____
EMAIL ADDRESS: _____
BIRTHDATE (MM/DD/YY) ____/____/____ MALE/FEMALE (M/F) _____ COUNTRY OF BIRTH _____

PARENTS INFORMATION:

FATHER'S NAME _____ OCCUPATION _____
CELL PHONE (____) _____ CELL PHONE COMPANY _____
WORK PHONE (____) _____
MOTHER'S NAME _____ OCCUPATION _____
CELL PHONE (____) _____ CELL PHONE COMPANY _____
WORK PHONE (____) _____

INSURANCE/EMERGENCY CONTACT INFORMATION:

POLICY HOLDER'S (PH) NAME _____ PH's DATE OF BIRTH (MM/DD/YY) _____
ADDRESS _____
CITY/STATE/ZIP _____
PH's EMPLOYER _____
EMPLOYER'S ADDRESS _____
INSURANCE CARRIER _____
POLICY # _____ GROUP # _____

LIST ANY MEDICAL CONDITION OR PROHIBITION OF REGISTRANT _____

MEDICAL EMERGENCY CONTACT _____
TELEPHONE (____) _____
DOCTOR NAME _____
TELEPHONE (____) _____

CONSENT FOR MEDICAL TREATMENT (MINOR) – As the parent or legal guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian _____ Date _____

GENERAL INFORMATION:

CURRENT SCHOOL _____
GRADE _____ NUMBER OF PRIOR SEASONS PLAYED _____

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the GAA, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with Gaelic Games (Football, Camogie and/or Hurling) and in consideration for the GAA accepting the registrant for its games and activities, I hereby release, discharge, and /or otherwise indemnify the GAA, its affiliated organizations and sponsors, their members and associated volunteers, including the owners of fields and facilities utilized for the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. In addition, I grant the GAA, and its affiliated organizations, and sponsors, the right to use the registrant's name, picture and/or likeness in printed, broadcast and other material concerning the games and activities, provided such use is related to the registrant's status as a participant in the games and activities.

I, the parent or guardian additionally acknowledge that I have received and read the "Code Of Best Practice For Youth Sport", and agree that I and the registrant will adhere to its guidelines, and any and all guidelines set forth by the Gaelic Athletic Association.

Name of Parent/Legal Guardian (Please Print) _____

Signature X _____ Date _____