## GAEIL UÍ LOCHLAINN



O' Loughlin Gaels GAA Club St. Johns Park Hebron Road, Kilkenny. Tel: 056-7765036



087-2298028

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To be completed and returned to your	team manager with your	membei	rship fee of €3	0 please
Membership Type : Single	Family		-	
Child's name:	Date of Birth:	/	/	
Address:				
Home telephone no:	Emergency no: _			
Email Address:				
Team:				
Manager:				
Child's School:				
Child's relevant medical condition or	relevant medication infor	mation		٦
Information on team training, games of Club's wish that this information be sto the under age players. What telepho	ent to the parents or guard	lians of	our under age	players rather than directly
Information contact number:				
I/We give permission to O' Loughlin	Gaels GAA Club to:			
1)During the season our teams may be coverage in newspapers or for use on adhere to the GAA Guidelines for use photographed or filmed please inform	our club web site or for poet of photography and filmi	ublicising and	ng our Club. Si should you obj	uch photographs will ject to your child being
2) Transport my/our child to and from	า events involving O'Loug	ghlin Ga	nels GAA Club	where necessary.
3) Provide first aid assistance to my/o	our child where necessary	by a qua	alified first aid	official.
Signature of parent/guardian	Date:			_

## General Data Protection Regulation (G.D.P.R.) Compliance for membership of above:

Members personal data obtained on this form is for O'Loughlins Gaels membership purposes only and will be entered on the GAA Central Games Management Database and the paper form will be stored in a locked location in O'Loughlins Gaels GAA clubhouse with restricted access. The purpose for processing the information is that it is necessary for the performance of a contract in order to register and maintain your membership with the Club and GAA

<ul> <li>Members phone number will be given to the holder of O'Loughlins Gaels GAA mobile phone and uploaded to GAA Members App for club text purposes only and will also be given to coaches/mentors for team texts or emergencies.</li> <li>Please tick to allow consent for above</li> </ul>
<ul> <li>Members email address will be given to the generator of club emails and will be added to distribution list for club emails only.</li> <li>Please tick to allow consent for above</li> </ul>
Players medical details will be given to relevant coaches/mentors only.  Please tick to allow consent for above
<ul> <li>Players name and DOB will be listed on team sheets from the database by the registrar and these will be given to relevant O'Loughlins Gaels coaches/mentors. Team sheets are completed for each match by O'Loughlins Gaels coaches/mentors and two copies are given to the referee who gives one to the opposing team management. Please tick to allow consent for above</li> </ul>
<ul> <li>Players names may be entered on the GAA 'Hurlers' App for statistical reporting purposes only.</li> <li>Please tick to allow consent for above</li> </ul>
Club Officers/coaches/mentors mobile phone numbers will be entered on O'Loughlins Gaels GAA     Website for contact purposes.     Please tick to allow consent for above
Please note that you have the right to have personal data updated or deleted if you so wish and can withdraw your consent to processing. For further information, or to make a complaint, you may contact the Club, the GAA's Data Protection Officer ( <a href="mailto:dataprotection@gaa.ie">dataprotection@gaa.ie</a> ) or the Office of the Data Protection Commissioner ( <a href="mailto:www.dataprotection.ie">www.dataprotection.ie</a> ).
Adult Member Signature:
Parent/Guardian Signature: