


**CUMANN LUTHCLEAS GAEL - MUNGAIRT NAOMH POL**

Cost = €25

[www.mungretstpauls.com](http://www.mungretstpauls.com)
**SECTION A: Please use block letters for this section**

Player's Name: _____	School : _____
Name in Irish:* _____	D-O-B: _____ / _____ / _____
Home Address : _____	
Home Phone: _____	Email Address: _____
Parents/Guardian's Name: _____	Mobile Phone: _____

**SECTION B Child Welfare**

<b>As Parents/Guardians:</b>	
I/We agree to abide by the 'Parents as Spectators Code of Conduct' as outlined in MSP's child welfare document	
I/We give permission to bring my child to a hospital or to a doctor in case of emergency	
Parent/Guardian's Signature: _____	Date: _____ / _____ / _____
Parent/Guardian's Signature: _____	Date: _____ / _____ / _____
<b>As a Player:</b>	
I agree to abide by the 'Players code of conduct' as outlined in MSP's child welfare document	
Player's Signature: _____	Date : _____ / _____ / _____
Medical: If player has a medical condition that the coach should know about please give details here:	
_____	
_____	

**SECTION C: Payment & Club Funding**

<input type="checkbox"/>	Payment Made by Cheque
<input type="checkbox"/>	Payment Made by Cash
<input type="checkbox"/>	Would you like to hear about Gaelic Telecom as a home phone service provider? If Gaelic Telecom provide your home phone service the club will benefit financially

 Membership Number 
**Notes:**

 Mungret St.Pauls (MSP) Child Welfare Document can be found on our website [www.mungretstpauls.com](http://www.mungretstpauls.com) as document MSP\_001

The codes of conducts referred to in this form can be found in document MSP\_001, if not attached

\* All panels for county games are submitted in Irish, please provide your surname as gaelige