



OTTAWA GAELS GAA

Cumann Lúthchleas Gael-Youth Membership Application Form

Ottawa Gaels GAA 2017

Name	
Address	
Phone	Cell: Home:
Email	
Date of Birth (mm/dd/yyyy)	
OHIP #	
Allergies	Y/N If yes, please specify:
Emergency Contact- Name	
Emergency Contact- Phone Number	
Sport	Youth Gaelic Football

I hereby apply to: **The Ottawa Gaels Gaelic Football Club** for Membership of the above Club and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association, Canadian County Board). I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association, Canadian County Board), and to abide by its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.

Parent(s)/Guardian(s), on behalf of the above named:

We/I consent to the above Application and to undertakings given by the Applicant.

Signed: _____ (Parent/Guardian) Date: _____

For Official Use only:

Youth Membership Application approved by Club Executive on (Date):

Signed: _____ Club Runai/ Secretary

Upon election, your membership details will be entered on the G.A.A. Membership database in accordance with Rule 2.2. This information will be used by the G.A.A. for the purpose of administration only.

READ BEFORE SIGNING
WARRANTY AND CONSENT OF PARENT/GUARDIAN

IN CONSIDERATION of allowing my minor child/ward to participate in the program, related events and activities of the
Ottawa Gaels GAA.

I WARRANT TO YOU THAT:

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and
2. I am familiar with the risk of serious injury and/or fatality which any participant in this program must assume, and
3. I believe that my minor child/ward is physically, emotionally and mentally able to participate in this program, and that his/her equipment is mechanically fit for his/ her use in this program, and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward, and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the program.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons and organizations associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN THIS PROGRAMME.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

SIGNATURE OF PARENT/GUARDIAN

PRINTEDNAME OF PARENT/GUARDIAN

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

DATE

AGE OF MINOR



OTTAWA GAELS GAA

MEDIA RELEASE

From time to time throughout the season, families and officials may take photographs and videos during league activities. The main use of these images is to promote the league and celebrate the players' achievements. The photos would be posted on our Web site (www.OttawaGaels.ca) and our FaceBook page (of which we hope you are a member – search for "Ottawa Gaels GAA"). They might also appear in our internal publications, displays at community events, and in local media.

Children may be photographed individually or in groups. We will not publish children's names.

We need your permission to publish photographs that include your child.

I, _____ () grant permission
() do not grant permission

to the Ottawa Gaels to display images of: _____
Name of child (including surname)

Signature of both parents required (if applicable):

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Signature of Parent/Guardian