



6.1 PARENTAL REGISTRATION FORM

Players' Name: _____

Parents'/Guardians' Name: _____

Address: _____

Parents'/Guardians' Contact telephone number/s: _____

Details of Child's special needs or medical history
(i.e. details of any known allergies, conditions or medications): _____

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication

Emergency contact person (if you are unavailable): _____

Number: _____

Parents Code of Conduct:

1. I will respect the rules and procedures set down in the Ladies Gaelic Football Association's Code of Ethic's and Good practice for Young Players
2. I will respect my children's team mates, mentors (e.g. managers, coaches, selectors) and other parents, as well as players, parents and coaches from opposing teams. I will encourage my child to treat other players, coaches, selectors and managers with respect
3. I will give encouragement and applaud positive accomplishments whether from my child, her team mates, her opponents or the officials
4. I will respect all officials and their authority during matches
5. I will never demonstrate threatening or abusive behaviour or use foul language

Travel:

I understand that my daughter(s) will be required to travel to participate in matches and other club activities.

Photography:

I understand that photographs or video footage will be taken, by an accredited photographer/video person, during or at Ladies Gaelic Football related events and may be used in the promotion of the sport or club.

Text Messaging:

I understand that my daughter(s) may be contacted by text message from her club mentor in relation to training and match times and venues and from time to time in relation to club information and notices.

If you would like to receive the same text as your daughter please tick the relevant box:

Yes My number is: _____ No

Signature: _____ Date: _____



6.2 ANNUAL TRAVEL PERMISSION FORM

Name of Child: _____

Team: _____

How we intend to get to away games: Bus
 Lifts
 Other, please specify _____

Pick up times _____ Pick up location: _____

Drop off time: _____ Drop off location: _____

Young Player

I have read and accept the conditions and rules set down in the Code of Ethics and Good practice for Young Players when travelling to matches and events. I agree to abide the rules of my Club and Association.

Signature: _____ Date: _____

Parent/ Guardian of Player

I have read and accept the conditions and rules set down in the Code of Ethics and Good Practice for Young Players when travelling to events

Signature: _____ Date: _____

Emergency contact number: _____

Any known allergies or medical conditions: _____



6.3 OVERNIGHT TRAVELLING PERMISSION FORM FOR UNDERAGE PLAYERS

Game: _____

Venue: _____

Dates: _____

Pick up time: _____ Pick up location: _____

Drop off time: _____ Drop off Location: _____

Overnight Accommodation: _____

Contact number: _____

Young Player

I have read and accept the conditions and rules set down in the Code of Ethics and Good Practice for Young Players when travelling to matches and events which involves overnight stays. I agree to abide by the rules of my Club and Association.

Signature: _____ Date: _____

Parent/Guardian of Participant

I have read and accept the conditions and rules set down in the Code of Ethics and Good Practice for Young Players when travelling to matches and events which involves overnight stays.

Name of Child(ren): _____

Parents/Guardians Name: _____ Date: _____

Emergency contact number: _____

Any known allergies or medical conditions: _____

Signature: _____ Date: _____



6.4 NEW MENTOR APPLICATION FORM

Position applied for: _____

Full Name: _____

Any Surname previously: _____

Current Address: _____

Date of birth: _____

Telephone No(s): _____

List previous experience/involvement in this or any other club. Include experience of working with young people in a voluntary or professional capacity. Include details of other sport involvement with young people.

Sporting NGB Qualifications. _____

Do you agree to abide by the guidelines contained in the Code of Ethics and Good Practice for young players? Yes No

Do you agree to abide by the rules of the Ladies Gaelic Football Association and (name your club) _____ Yes No

Have you ever been asked to leave a sporting organisation? (If you have answered yes, we will contact you in confidence) Yes No

Have you ever been convicted of a criminal offence or been the subject of a caution: a Bound Over Order: or are you at present the subject of criminal investigations? (If you have answered yes, we will contact you in confidence) Yes No

References

Please supply the name and address of two people who we can contact and who, from personal knowledge, are willing to endorse your application. One of these names should be, where possible, the name of an administrator/mentor in your last club/place of involvement.

Name and Contact Details of Referee 1

Name and Contact Details of Referee 2

I agree to abide by the Code of Ethics and Good Practice for Young Players in Ladies Gaelic Football and the Code of Conduct and policies.

Signed: _____ Date: _____



6.5 EXISTING MENTOR/VOLUNTEER INFORMATION FORM

Full Name: _____

Current Address: _____

Mentors/volunteers should familiarise themselves with The Ladies Football Associations 'Code of Ethics and Good Practice', in particular the Code of Conduct. Mentors/volunteers should read below and agree to abide by these terms. This self-declaration should be updated annually:

As a leader with the Ladies Gaelic Football Association I agree that I should:

- Be positive during sessions and competitions, praise and encourage efforts as well as results
- Put welfare of young person first, strike a balance between this and winning/result
- Encourage fair play and treat participants equally
- Recognise development needs, ensuring activities are appropriate for the individual
- Plan and prepare appropriately
- Have experience relevant to working with young people or hold up-to-date qualification and be committed to the guidelines of this code
- Involve parents where possible and inform parents when problems arise
- Keep record of attendance at training and competitions
- Keep a brief record of injury(s) and actions taken
- Keep a brief record of problem/action/outcomes, if behavioural problems arise
- Report any concern in accordance with this Code's reporting procedures

Where possible I will avoid:

- Spending excessive amounts of time with children away from others
- Taking sessions alone
- Taking children on journeys alone in the car

Sports leaders should not:

- Use any form of punishment or physical force on a child
- Take children to their home.
- Exert undue influence over a participant in order to obtain personal benefit or reward
- Engage in rough physical games, sexually provocative games or allow or engage in inappropriate touching of any kind, and/or make sexually suggestive comments about, or to a child. This includes innuendo, flirting or inappropriate gestures and terms
- Take measurements or engage in certain types of fitness testing without the presence of another adult
- Undertake any form of therapy (hypnosis etc.) in the training of children

Self-Declaration

Do you agree to abide by the guidelines contained in 'The Ladies Gaelic Football Associations Code of Ethics and Good Practice?

Yes No

Do you agree to abide by the rules of the LGFA and your club/county?

Yes No

Have you ever been asked to leave a sporting organisation?
(If you have answered yes, we will contact you in confidence)

Yes No

Have you ever been convicted of a criminal offence or been the subject of a caution; a bound over order; or are you at present the subject of criminal investigations? (If you have answered yes, we will contact you in confidence)

Yes No

Signature: _____

Date: _____



6.6 HOST FAMILY FORM

Club:

County:

We agree to abide by the Ladies Gaelic Football Association Code of Ethics and Good Practice for Young Players

Name of Parents/Guardians:

Address:

Contact Number:

Signature of Host Family Head(s) of Household):

Date:

Name of Club Secretary:

Signature:

Date:
