

Official Permit Form



Player from Ireland to play under the Jurisdiction of the New York County Board

Player's Name:	D.O.B:/
Home Address:	
Contact Number:	_Email:
Passport No:	Registered Club:
County:	Unique ID:
Grade of Registered Club:	Date of last Championship Game:
Please indicate if you currently play/or have pl	ayed County Football: Yes / No
If Yes, please provide date of last game:	
Player Status: Junior Intermedia	ate Senior
I hereby declare that I intend to play for:	
Club:	_ Date of Travelling:
I intend to remain there from:	to:
	m the 31st March to the 30th of September only. esume playing with her club in Ireland as long as
she sends notification to the LGFA	of her return. She is not eligible to go and
play again in the New York Board area in the sar	<u>ne γear</u> .
included in a club insurance scheme covering in U.S.A. and/or Canada and which indemnifies	a, must have an appropriate insurance policy or be njuries sustained while playing Ladies Gaelic Football sthe Ladies Gaelic Football Association against alling abroad and must produce a copy of this policy
Signed by Player:	Date:
Signed by Club Secretary:	Date:
Signed by County Secretary:	Date:
Signed by Permit Club Secretary:	Date:
Signed by C.E.O:	Date:

Important – A Permit will not be granted after July 1st
A copy of the Gaelic Games Insurance Policy <u>must</u> be submitted with this Permit