



**Cumann Lúthchleas Gael  
Cumann Naomh Treasa  
Loch Mhic Ruairí**



**Youth Membership Application**

Name..... Date of birth.....

Address.....

.....

Tel: ..... (home)  
 ..... (mobile)  
 ..... (work)

School.....

Parent/Guardian contact

Name.....

Address (If different from above)

.....

.....

Tel: ..... (home)  
 ..... (mobile)  
 ..... (work)

Any medical conditions

.....

.....

**Please Tick [✓]**

I am aware that Cumann Naomh Treasa has implemented a Child Protection Policy which is designed to protect Youth Members and all others who join Cumann Naomh Treasa GAA club.

I am aware of the Code of Best Practise that is expected by this club.

I commit to assisting the club in any way I can with regard to the promotion and development of the Games and the implementation of the Code of Best Practise.

I hereby apply to Cumann Naomh Treasa for Youth Membership of the Club and Youth Membership of Cumann Lúthchleas Gael on behalf of the above named.

Signature of parent/guardian .....

Date .....

Membership Approved:..... (Rúnaí) Membership ID No:.....