



**Naomh Seosamh Lann Abhaigh
Contae Aontroma
C.L.G.**



Please complete the following information:

Name: _____

Address: _____

Date of Birth: _____

Contact Number: _____

Email Address: _____

(Email will be used to keep members informed of club activity)

Please tick below which membership options applies to you:

Senior Male Player (Includes 1 lotto per month / All Ireland Draw)	£180	
U21 / Student Male Player	£120	
Senior Ladies Player	£120	
U21 / Student Ladies Player	£90	
Gold Member (Includes free home games, 1 lotto per week / All Ireland Draw)	£120	
Club Member	£40	
Family Member (2 adults & 2 Children + £10 additional children)	£120 + £10	
Under 6 – Under 10	£20	
Under 12 - Minor	£40	

Club Bank Information:

Direct debit payment or a standing order. Please ensure you include your name on the transaction.

Name: St Josephs GAC Glenavy

Bank: Ulster Bank **Sort code:** 980460 **Account number:** 41332186



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I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association) and to abide by its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.

- I understand the personal data on this form ("Personal Data") will be used by the Club and the GAA for the contractual purpose of registering (or re-registering) and maintaining my Membership.
- I understand that the Personal Data will be retained by the Club and the GAA for such period as my Membership subsists.
- I understand that I can resign my Membership by writing to the Club or the GAA and my Personal Data will then be erased.
- I understand that my Personal Data will also be used for administrative purposes to maintain my Membership including registrations, teamsheets, referee reports, disciplinary matters, Injury Reports, transfers, sanctions, permits and for statistical purposes.
- I understand that if I do not provide my Personal Data my Membership cannot be registered with the Club and the GAA.

Sínithe/Signed _____ Dáta: _____

Print Name: _____

I have read the important Data Protection information on the reverse of this form and have given my consent, by ticking the boxes and signing below, for my information to be used as follows:

(Please tick as appropriate)

- (1) To provide me with updates regarding Club activities such as matches, meetings and club events
- (2) To provide me with details of Club fundraising activities including Lotto, social occasions, ticket sales etc
- (3) I am aware that my photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used by the Club for items like match programmes, year books, match reports, event reports or on the Club website or social media channels.

I understand that I can withdraw my consent at any time by writing to the [Club or the GAA].

I understand my rights under Data Protection legislation, as outlined on the reverse of this form

Sínithe/Signed _____ Dáta: _____

Print Name: _____

Signature of Full Member Proposing New Member

_____ Date _____

Print Name _____

Signature of Full Member Seconding Proposal

_____ Date _____

Print Name _____

St. Joseph's GAC, Glenavy, Chapel Road, County Antrim

www.glenavygac.com

secretary.stjosephsglenavy.antrim@gaa.ie



**Naomh Seosamh Lann Abhaigh
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C.L.G.**



For Official Use only:

Membership/approved by Club Executive on Dáta _____

Sinithe: _____ Club Runaí.

Registered in Central Membership Database on _____

Membership Identification Number: _____

Upon election, your membership details will be entered on the G.A.A. Membership database in accordance with Rule 2.2.



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IMPORTANT NOTIFICATION

The following Privacy Information is being provided to you as outlined in the General Data Protection Regulation. It is intended to inform you of how the Personal Information provided on this form will be used, by whom and for what purposes. If you are unclear on any aspect of this form, or want any further information, please contact the GAA's Data Protection Officer (01 8658600 or dataprotection@gaaie.ie).

Who is the data controller?

The Club and the GAA are Joint Data Controllers of the Personal Data and contact details for the Club are as follows [St Joseph's GAC Glenavy, Chapel Road, Glenavy email secretary.stjosephsglenavy.antrim@gaaie.ie

Who is the Data Protection Officer for the GAA and the Club?

Our Data Protection Officer is Gearoid O'Maolmhicil. You can contact our Data Protection Officer at dataprotection@gaaie.ie or 01 8658600. If you have any questions or wish to make any request in relation to your personal data.

What is the purpose of processing my Personal Data?

The purpose for processing your Personal Data is that it is necessary for the performance of a contract in order to register and maintain your membership with the Club and the GAA.

The purpose is also to keep you informed of GAA events and fundraisers. We will only use your personal data for this second purpose if you have provided your explicit consent for this by ticking the boxes on this form and signed below those boxes.

Will anyone else receive a copy of my Personal Data?

Your Personal Data can be accessed by certain members of the County Boards, Provincial Boards and National Administrative function in Croke Park. This will be done in accordance with our data protection policy only. In the event of an injury or insurance claim, details of your claim which will include your Personal Data will be passed to the GAA's Insurance underwriters, Willis Insurance, Elm Park, Merrion Road, Dublin 4, Ireland.

Where is your Personal Data stored?

Your data will be stored electronically on the GAA Membership Database which is provided by Servasport Ltd, 11th Floor, Causeway Tower, 9A James Street South, Belfast, BT2 8DN.

Who is Servasport Limited?

Servasport Limited is a "data processor" who hosts the database on which your information is stored. We have a contract in place with Servasport Limited to ensure your Personal Data is stored safely and securely.

How long will your Personal Data be stored for?

Your Personal Data will be held for the duration of your Membership and it will be deleted by us in the event that you resign your Membership or you are expelled in accordance with the Official Guide. However we may retain your Personal Data after your Membership ceases if we decide that it is strictly necessary to do so in the circumstances in accordance with our data retention policy which can be found at this link [].

How can I obtain a copy of the Personal Data held by the Club/GAA?

You have the right to request a copy of all of your Personal Data and can do so by contacting us. This information will be provided to you within one month.

What are my privacy rights relating to my Personal Data?

You have the right to have your Personal Data updated, rectified, or deleted if you so wish. You have the right to object to your Personal Data being processed and to withdraw your consent to processing - You can do so by contacting us.

Where can I get further information?

Further information regarding your rights can be obtained through the **Office of the Data Protection Commissioner, Canal House, Station Road, Portlington, Co. Laois**, or on the website www.dataprotection.ie

How do I make a complaint or report a breach?

Should you wish to make a **complaint or report a breach** under in relation to your Personal Data, you can do so by emailing the Office of the Data Protection Commissioner using the following email address:

info@dataprotection.ie

St. Joseph's GAC, Glenavy, Chapel Road, County Antrim
www.glenavygac.com
secretary.stjosephsglenavy.antrim@gaaie.ie



**Naomh Seosamh Lann Abhaigh
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Name of Member _____

Date of Birth _____

Name of Parent/Guardian _____ Tel _____

Authorised contact if parent unattainable _____

Tel. No. _____

Address of Parents / Guardian

Email _____

Member's General Practitioner _____

Name & address of practice

Does he / she suffer from:

* Asthma YES / NO * Epilepsy / Fainting YES / NO * Migraine YES / NO * Diabetes YES / NO * Dyslexia YES / NO
* Hay Fever YES / NO * Heart / Lung Disorder YES / NO * Bone / Joint Impairment YES / NO * Vision / Hearing Defects YES / NO * Allergy to Drugs / Food YES / NO * Gynaecological Disorders YES / NO * Ear, Nose & Throat YES / NO Are contact lens worn? YES / NO

Any other problem of which the club should be aware?

Does he / she regularly take any form of Medication, if so what?

Are there any current injuries / recent operations / medical treatments? YES / NO

If so, please explain. Any previous operations, e.g. appendix? YES / NO If so, please explain

Does he / she have any special dietary or other requirements?

In the event of my daughter / son requiring emergency medical or dental treatment whilst taking part in a Club activity as described above, and an Officer or other responsible adult being unable to contact either myself or other person with a parental responsibility for my daughter / son, I hereby authorise the coaches / mentors to obtain such medical for my child as they, in their absolute discretion, think necessary after consultation with a medical practitioner. This authority extends to all medical including the giving of an anaesthetic where necessary. Data provided will be stored and used in line with The Club Data Protection Policy. This can be found attached in these forms

Signed _____

Date _____