



**NORTH AMERICA, NEW YORK & CANADA - YOUTH BOARDS  
2012 PLAYER – SUMMER REGISTRATION  
Club, Divisional & Continental Youth Championships**



**DIVISION:** PHILADELPHIA    **CLUB:** DELAWARE COUNTY GAELS YOUTH GAC

Football     Hurling     Girls Football     Camogie

**PLAYER INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 MALE/FEMALE (M/F): \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

**PARENTS INFORMATION:**

FATHER'S NAME: _____	MOTHER'S NAME: _____
OCCUPATION: _____	OCCUPATION: _____
WORK PHONE: _____	WORK PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
CELL PHONE CARRIER: _____	CELL PHONE CARRIER: _____

**INSURANCE/EMERGENCY INFORMATION:**

POLICY HOLDER'S (PH) NAME \_\_\_\_\_ PH's DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PH's EMPLOYER \_\_\_\_\_  
 EMPLOYER'S ADDRESS \_\_\_\_\_  
 INSURANCE CARRIER \_\_\_\_\_  
 POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

LIST ANY MEDICAL CONDITION OR PROHIBITION OF REGISTRANT: \_\_\_\_\_

MEDICAL EMERGENCY CONTACT \_\_\_\_\_  
 TELEPHONE (\_\_\_\_\_) \_\_\_\_\_  
 DOCTOR NAME \_\_\_\_\_  
 TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)** – As the parent or legal guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL INFORMATION:**

CURRENT SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SEASONS PLAYED \_\_\_\_\_

**IMPORTANT:** I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the GAA, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with Gaelic Games (Football, Camogie and/or Hurling) and in consideration for the GAA accepting the registrant for its games and activities, I hereby release, discharge, and /or otherwise indemnify the GAA, its affiliated organizations and sponsors, their members and associated volunteers, including the owners of fields and facilities utilized for the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. In addition, I grant the GAA, and its affiliated organizations, and sponsors, the right to use the registrant's name, picture and/or likeness in printed, broadcast and other material concerning the games and activities, provided such use is related to the registrant's status as a participant in the games and activities.

I, the parent or guardian additionally acknowledge that I have received and read the "Code Of Best Practice For Youth Sport", and agree that I and the registrant will adhere to its guidelines, and any and all guidelines set forth by the Gaelic Athletic Association.

Name of Parent/Legal Guardian (Please Print) \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_