

PHOTOS

Please attach two recent photos.



2006 Registration Fee: \$50 per player or \$100 per family. Please make check payable to Chicago Celtic Youth GFC.

2006 REGISTRATION FORM

Player's Signature: \_\_\_\_\_

DIRECTIONS: 1) Please PRINT HARDCOPY form. 2) Complete in full. 3) Please staple or paperclip two recent photos of player in the box above. 4) Include a copy of player's birth certificate. 5) Include a copy of medical insurance card. 6) Parent/guardian SIGN at places indicated. 7) Players should sign below picture (above) in front of Registrar.

PLAYER'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ INIT. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BIRTHDATE MM/DD/YY: \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE/FEMALE (M/F): \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

We will be compiling a Club Directory. The directory will be distributed to families listed. Would you like your contact information included in the directory? Yes  No

FATHER'S NAME: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CELL PHONE/WORK PHONE: \_\_\_\_\_

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

PERSON TO NOTIFY OTHER THAN PARENT IN EMERGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DOCTOR TO NOTIFY IN EMERGENCY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ NUMBER OF PRIOR SEASONS PLAYED: \_\_\_\_\_

WE NEED PARENT VOLUNTEERS! PLEASE INDICATE YOUR 1ST AND 2ND CHOICES FOR THE ACTIVITIES BELOW:

Coach \_\_\_ Asst. Coach \_\_\_ Div. Coordinator \_\_\_ Team Parent \_\_\_ Field Prep. \_\_\_ Clerical \_\_\_ Fundraising \_\_\_ Other \_\_\_\_\_

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 Football and in consideration for the GAA accepting the registrant for its Gaelic Football programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the GAA, its affiliated organizations and sponsors, their employees and associated personnel, 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.

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

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

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 or Guardian X \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_