



Loch Lao CCE

Craobh Loch Lao, Comhaltas Ceoltóirí Éireann

FAMILY MEMBERSHIP 2011/12- £15.00

Please fill in both sides of this form – thank you.

FIRST MEMBER (Should be a Senior)					
First name:		Surname:			
Address:					
				Postcode:	
Home telephone no:			Mobile no:		
E-mail address:					
	Junior – under 18, Senior – over 18	Junior	TICK	Senior	TICK
ADDITIONAL MEMBERS					
Name:		Junior		Senior	
E-Mail:					
Name:		Junior		Senior	
E-Mail:					
Name:		Junior		Senior	
E-Mail:					
Name:		Junior		Senior	
E-Mail:					
Name:		Junior		Senior	
E-Mail:					
Name:		Junior		Senior	
E-Mail:					

NO. MEMBERS	Junior:		Senior:		Total:	
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THIS FORM SHOULD BE COMPLETED AND RETURNED WITH THE £15.00 FEE. PLEASE MAKE CHEQUES PAYABLE TO 'LOCH LAO CCE'. THANK YOU FOR YOUR SUPPORT.

WE WILL OCCASIONALLY WISH TO TAKE PHOTOGRAPHS AND VIDEO FOOTAGE AT OUR EVENTS, FOR FUTURE USE IN PUBLICITY AND ON OUR WEBSITE. IF YOU WOULD LIKE YOUR MEMBERS TO BE EXCLUDED FROM THIS FOR ANY REASON, PLEASE INFORM US. THE CCE CHILD PROTECTION POLICY IS AVAILABLE TO VIEW ON: http://comhaltas.ie/images/press_room/childprotectionpolicy_cce_2010.pdf

www.lochlao.com

PLEASE COMPLETE THE REVERSE OF THIS FORM



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DATE RECEIVED

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ANY PLAYING MEMBER NAMED OVERLEAF WHO HAS A MEDICAL CONDITION WE SHOULD BE AWARE OF. THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE MADE AVAILABLE TO THE COMMITTEE MEMBER IN CHARGE OF EVENTS.

Name:					
Do you suffer from any medical condition which we should be aware of? (Hayfever, Asthma etc)					
Yes			No		
Please give details:					
Do you have any known allergies? (Nuts, Penicillin etc)			Yes		No
Please give details:					
Are you currently taking any regular medication? Please give details:					

Name:					
Do you suffer from any medical condition which we should be aware of? (Hayfever, Asthma etc)					
Yes			No		
Please give details:					
Do you have any known allergies? (Nuts, Penicillin etc)			Yes		No
Please give details:					
Are you currently taking any regular medication? Please give details:					

IN THE UNFORSEEN EVENT OF ANY MEMBER REQUIRING MEDICAL ATTENTION DURING A PLANNED LOCH LAO EVENT WHERE WE ARE UNABLE TO CONTACT YOU IMMEDIATELY, DO WE HAVE YOUR PERMISSION TO ACT IN LOCUM PARENTIS?

Signed: _____ (Parent/Guardian) Date: _____

Signed: _____ (Parent/Guardian) Date: _____

PLEASE PRINT OR COPY ADDITIONAL PAGES AS NEEDED
