



Loch Lao CCÉ

Craobh Loch Lao, Comhaltas Ceoltóirí Éireann

INDIVIDUAL MEMBERSHIP 2011/12

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

FIRST MEMBER			
First name:		Surname:	
Address:			
		Postcode:	
Home telephone no:		Mobile no:	
E-mail address:			
Junior (under 18) £5.00	TICK	Senior (over 18) £10.00	TICK
ADDITIONAL MEMBERS			
Name:	Junior £5.00	Senior £10.00	
E-Mail Address:			
Name:	Junior £5.00	Senior £10.00	
E-Mail Address:			
Name:	Junior £5.00	Senior £10.00	
E-Mail Address:			
Name:	Junior £5.00	Senior £10.00	
E-Mail Address:			

NO. MEMBERS	Junior:	Senior:	Total:
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TOTAL FEE DUE £

THIS FORM SHOULD BE COMPLETED AND RETURNED WITH THE TOTAL FEE. PLEASE MAKE CHEQUES PAYABLE TO 'LOCH LAO CCE'. THANK YOU.

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 LLTMS CHILD PROTECTION POLICY IS AVAILABLE TO VIEW ON OUR WEBSITE : http://comhaltas.ie/images/press_room/childprotectionpolicy_cce_2010.pdf

www.lochlao.com

PLEASE COMPLETE THE REVERSE OF THIS FORM

DATE RECEIVED



COMHALTAS



Loch Lao CCE

Craobh Loch Lao, Comhaltas Ceoltóirí Éireann

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