NACYB, NY & CANADIAN YOUTH BOARDS
GAELIC ATHLETIC ASSOCIATION
2008 CYC PLAYER REGISTRATION FORM

Please read instructions for completing, carefully, prior to appearing before your local registrar.

DIVISION: _____ **CLUB:** _____

PLAYER

PLAYER'S FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE _____ HOME TELEPHONE: _____

EMAIL ADDRESS _____

BIRTHDATE (MM/DD/YY): _____/_____/_____ COUNTRY OF BIRTH: _____

NUMBER OF PRIOR SEASONS PLAYED: _____

PARENT/GUARDIAN

FATHER/GUARDIAN NAME: _____ OCCUPATION: _____

MOTHER/GUARDIAN NAME: _____ OCCUPATION: _____

CELL PHONE (FATHER): _____ WORK PHONE (FATHER): _____

CELL PHONE (MOTHER): _____ WORK PHONE (MOTHER): _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) /MEDICAL CONDITIONS

ALTERNATE EMERGENCY CONTACT: _____ TELEPHONE: _____

DOCTOR TO NOTIFY IN EMERGENCY: _____ TELEPHONE: _____

LIST ANY MEDICAL CONDITION(S) OR PROHIBITION(S) REGISTRANT HAS: _____

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: _____ Date: _____

VOLUNTEER

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

___ COACH ___ ASST. COACH ___ TEAM PARENT ___ FIELD WORK ___ FUNDRAISING ___ EQUIPMENT
___ WEBSITE ___ REFEREE ___ TRAVEL COORDINATOR ___ CLERICAL/MARKETING

CONSENT SIGNATURE & LIABILITY RELEASE

I, THE PARENT OR GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF THE GAA, ITS AFFILITIATED ORGANIZATIONS AND SPONSORS. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH GAELIC GAMES (FOOTBALL AND/OR HURLING) AND IN CONSIDERATION FOR THE GAA ACCEPTING THE REGISTRANT FOR ITS GAMES AND ACTIVITIES, I HEREBY RELEASE, DISCHARGE, AND/OR 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 TE REGISTRANT'S PARTICIPATION IN THE PROGRAMS, AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

I, THE PARENT OR GUARDIAN ADDITIONALLY ACKNOWLEGE 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 NORTH AMERICAN COUNTY YOUTH BOARD, INC.

NAME OF PARENT OR LEGAL GUARDIAN (Please Print): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

CYC 2008

Emergency Contact & Phone _____

Consent for Emergency Medical Treatment _____

Registrar Signature _____

Parent Signature _____

School Attending _____

REGISTRATION CARD

Player's Name _____

Date of Birth _____

Player's Signature _____

Division/Club _____

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CYC 2008

Emergency Contact & Phone _____

Consent for Emergency Medical Treatment _____

Registrar Signature _____

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REGISTRATION CARD

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