

**NORTH AMERICAN COUNTY YOUTH BOARD, NEW YORK & CANADIAN MINOR BOARDS  
GAELIC ATHLETIC ASSOCIATION  
2009 CYC PLAYER REGISTRATION FORM**

**DIVISION** \_\_\_\_\_ **CLUB** \_\_\_\_\_

PLAYER'S SIGNATURE \_\_\_\_\_  Football  Hurling  Girls Football  Camogie

**DIRECTIONS: 1) Please PRINT HARDCOPY form. 2) Complete in full. 3) Parent/guardian SIGN at places indicated.**

**PLAYER INFORMATION:**

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

**PARENTS INFORMATION:**

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
CELL PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
CELL PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

**INSURANCE/EMERGENCY CONTACT INFORMATION:**

Is the above named child covered by health insurance: Yes No

PLEASE PROVIDE THE FOLLOWING 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 \_\_\_\_\_ NUMBER OF PRIOR 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 \_\_\_\_\_