



**Carryduff GAC
Ceathrú Aodha Dhuibh CLG**

APPLICATION FOR CLUB MEMBERSHIP 2017

Schedule of Club Membership Fees for 2017

Please tick the box for the category of membership

applied for:-

<u>MEMBERSHIP CLASS</u>	<u>2017 FEES</u>	
ADULT PLAYING	£140.00	<input type="checkbox"/>
ADULT: NON PLAYING	£70.00	<input type="checkbox"/>
ADULT: SOCIAL	£25.00	<input type="checkbox"/>
FAMILY	£200.00	<input type="checkbox"/>
JUVENILE: PLAYING (M&F)	£100.00	<input type="checkbox"/>
JUVENILE: SOCIAL	£15.00	<input type="checkbox"/>
LIFE	£600.00	<input type="checkbox"/>
OAP	£55.00	<input type="checkbox"/>
NURSERY (UP TO 6.5 YEARS)	£40.00	<input type="checkbox"/>
STUDENT PLAYING (M&F)	£120.00	<input type="checkbox"/>
UNEMPLOYED ADULT PLAYER	£120.00	<input type="checkbox"/>
UNEMPLOYED ADULT: NON PLAYING:	£60.00	<input type="checkbox"/>

NOTES

- Club Carryduff members who have been in membership for at least the whole of the previous membership year and remain in membership of Club Carryduff attract a discount of 50% of the increase in fees introduced in 2014.
- Family Membership: this covers parents/guardians and all children in the household under the age of 18 on 1st January.
- To qualify for 'juvenile: playing' status you need to be under 18 years on 1st January 2017.
- Where fees due are in excess of £100 there is an option of paying with three post-dated cheques dated the 28th of the months of January, February and March.
- All fees must be paid by 31st March 2016. A 'NO PAY – NO PLAY' policy will be strictly enforced.
- If all fee payments are not received by 31st March members are not entitled to vote at General Meetings nor are they eligible to apply for All Ireland tickets.

PLEASE COMPLETE THE GIFT AID DECLARATION OVERLEAF IN ORDER THAT THE CLUB CAN MAXIMISE THE RETURN OF ADDITIONAL 25p IN THE POUND

Gift Aid declaration –for a single donation

Name of charity or Community Amateur Sports Club

Ceathrú Aodha Dhuibh (Carryduff) GAA Club

Please treat the enclosed gift of £ _____ as a voluntary Gift Aid donation.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Donor's details

Title _____ First name or initial(s) _____

Surname _____

Full Home address _____

Postcode _____

Date _____

Signature _____

Please notify the charity or CASC if you:

Want to cancel this declaration

Change your name or home address

No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

2.0 Personal Information for each person included in the Application

NAME	DOB	Email address	Phone/Mobile No.

The name, address and contact phone number of a parent/guardian must be provided for all applicants under 18 so that contact can be made in the event of accidents or incidents and because managers/coaches etc., under child protection guidelines, are not permitted to make direct contact with members under the age of 18.

Name and Address of Applicant(s)
 (Parent/Guardian where applicant(s) are under

_____ Post

Code _____

Contact Phone number(s) _____

3.0 Where information on medical circumstances is relevant - please complete the following in respect of applicants in all age groups who will be actively participating in sporting activity. Please state below anything which you think team managers/coaches/mentors should know about a member when engaged in sporting activity ***e.g. medical conditions, allergies, medication, and disability etc.***

Name _____ Age ____ Information _____

Name _____ Age ____ Information _____

Name _____ Age ____ Information _____

Name _____ Age ____ Information _____

Name _____ Age ____ Information _____

Name _____ Age ____ Information _____

4.0 **Use of Photography and Video recording**

Carryduff G.A.C. may take photographs and videos during youth activities, i.e. during training sessions or at matches, and some may be published on the Club website and/or sent for publication in local newspapers to promote Gaelic games in Carryduff. On occasion, they may also be used to produce match programmes. For child protection purposes the club requires your consent before any photograph/video may be taken of your child.

ONLY IF YOU DO NOT CONSENT to your children's photograph/video being taken, tick the box below.

I do not consent to Carryduff GAC taking and using photographs and video of the youth members named in this membership application.

5.0 **Have you skills, interests or an occupational background that could facilitate the development of the Club? (Please see Appendix 1)**

6.0 ***The Club actively encourages all physically active/playing members over the age of 14 years to participate in the GAA Cardiac Screening strategy. Details of the scheme are available at Appendix 2.***

7.0 **Carryduff has a Club Lottery draw each week (details below)**

<u>Why should you get involved?</u>	<u>How it works...</u>
<ul style="list-style-type: none">• Prizes: Jackpot has been as high as £12,000. £10,000 in prizes has been won in the last 12 months. <u>Jackpot for 4 balls and prizes for 3!</u>• Free Draws: There will be a number of free entry draws throughout the year at no extra cost• Chances of winning: Better odds of winning and higher returns a for matching 3 numbers than other lotteries• Support your club: Generate funds to support the development of club	<ul style="list-style-type: none">• Pick 4 balls between 1 and 24• Costs £1 per line per week (paid by standing order once a quarter)• Add multiple lines for more chances of winning (for example 3 lines = £13 a month standing order)• Jackpot builds each week!• Syndicates are welcome...Get your wider family, office and pals involved!
<ul style="list-style-type: none">• Results and Winners are published every week on the Club Website and via the Parish Bulletin• Winners will be notified via Phone and /or Email	

Tick the box if you interested in joining the club lottery (A lead will be in-touch)?

I wish to apply for membership of Ceathrú Aodha Dhuibh (Carryduff) Club and membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association). I undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael and to abide by its Rules. The full membership fee is attached.

Signature of applicant Date

Date

Signature of Parent/Guardian where applicants included in the application are under 18 years.

Date

APPENDIX 1

Information on skills, interests and occupational background of Club Members that could facilitate the development of the Club

The Club is keen to involve as wide a range of the membership as possible in the running of the club through participation with developments essential for a club which has now become a very large organisation providing sporting, cultural and community activities across all age ranges, genders and playing codes. A range of different skills and experience including coaching, mentoring and managing players and teams is essential to achieve and maintain progress and additional volunteers to deliver these activities are needed. However the range of experience and skills required to manage a large GAA club extends well beyond the playing field and there is an urgent need for members with management, organisational, administrative, community development, fund raising and cultural experience and skills in order to take forward programmes of development including grant application and community development.

It is likely that within the wider club membership there will be many who have interests, occupational backgrounds, and/or skills and experience that could make an important contribution to the club's development strategy and it would therefore be appreciated if you would be willing to offer some time, no matter how limited this may be, to assist the club. Please take the opportunity to provide the basic information below. This would assist the club in pursuit of its objectives in the coming year.

Area of Occupational/Professional/Academic background (please specify)

Area(s) of interest in club activities (please tick one or more boxes as appropriate)

- | | | | |
|---------------------|--------------------------|------------------------|--------------------------|
| Team Management | <input type="checkbox"/> | Marketing | <input type="checkbox"/> |
| Coaching | <input type="checkbox"/> | Public relations | <input type="checkbox"/> |
| Mentoring | <input type="checkbox"/> | School liaison | <input type="checkbox"/> |
| Administration | <input type="checkbox"/> | Fund raising | <input type="checkbox"/> |
| Cultural activities | <input type="checkbox"/> | Financial manager | <input type="checkbox"/> |
| Club management | <input type="checkbox"/> | Information technology | <input type="checkbox"/> |
| Club Development | <input type="checkbox"/> | Community development | <input type="checkbox"/> |
| Health and Safety | <input type="checkbox"/> | Health and Wellness | <input type="checkbox"/> |

Physiotherapy

First Aid

Other (please specify)

I am willing to be contacted by
phone

or by Email **to discuss**
assisting with club activities (Please
tick your preferred means of
contact)

Phone No.

—
Email

—

Cardiac Screening

In recent years there has been an increasing awareness of the issue of sudden cardiac death in young people participating in sport. Thankfully such events are extremely rare and young healthy people should be encouraged to participate in sport with all the benefits it brings.

It is, however, important to identify anyone who might have any risk factors for a sudden cardiac event before they get involved in competitive sport.

The Medical, Scientific and Welfare Committee of the GAA have updated its position on Cardiac Screening. The GAA now advise that the most effective way to identify risk is for players over the age of 14 to undergo cardiac screening on one occasion. It is also advised that the procedure be repeated before the age of 25.

If players wish to get screened it is recommended by the GAA that they should consult their family doctor in the first instance. Screening consists of the completion of the GAA's Cardiac Screening Questionnaire, a Physical Examination and an ECG.

For more information (and to download the GAA Cardiac Screening Questionnaire) visit the following link: www.gaa.ie/medical-and-player-welfare/cardiac-screening/.

As part of its commitment in this context and to aid diagnosis, the GAA in conjunction with the Gaelic Players Association (GPA) have implemented a programme whereby any doctor carrying out a cardiac screening programme for a GAA player will be able to send that ECG to the cardiac department in the Mater Hospital Dublin for Dr Joseph Galvin to have a sports cardiology opinion on the ECG.

We encourage all active players to participate in the new Cardiac Screening Protocol recommended by the GAA.

In addition we request that all players who have completed the procedure advise the club of any circumstances arising that may impact on their health and their capacity to be involved in physical activity.

Carryduff GAC Cardiac Screening Sub-committee Committee

Dr Frank Casey MD FRCP MRCPCH BSc, Consultant Paediatric Cardiologist.

Ed McQuillan

Eamonn Early

Billy Kelly

Andy Moohan

This screening programme is supported by the Cormac Trust.

For more information visit www.cormactrust.com

