



Cavan Town Branch

Craobh Bhaile an Chabháin

Membership-Registration Form 2017/2018

Family €20.00; Adult €12.00; Junior €6.00

Name / Ainm

Address / Seoladh

Parent	Address

Child	DOB	Main Instrument	Sing/Dance etc

Home Phone Number: _____

Parent's Mobile Contact Number: _____

Email Address: _____

Amount Paid: € _____

Received By: _____

Cavan Town Comhaltas



Comhaltas Ceoltóirí Eireann, Craobh Baile an Chabháin

Cavan Town Comhaltas

Photograph Consent Form

Cavan Town CCE feel it is important to recognise the progress, achievements and successes of our youth and of the Branch as a whole. One of the ways to do this is to publish photographs of events, sessions and details of achievements.

We take the issue of child safety very seriously and this includes the images of the children in our care. Our duty to our young members is paramount and this form of publicity must be carefully monitored to ensure that it is consistent with our Child protection Policy and the Data Protection Legislation.

For this reason we have put the following guidelines into place:

- 1) We ask parental consent for the Branch to take and use photographs of their children and for permission to use the press and media to promote the youth programme.
- 2) Photographs will at all times take place in the presence of a Branch Officer.
- 3) We will only use group photographs in the local press, our Branch Website and through the Social Media.
- 4) Individual photographs will only be used with individual parental consent prior to the inclusion on the Branch Website or in the local press.

I have read the conditions of use and consent to my child's/ children's photograph being used as per the details on the Membership Registration Form. If there is any change to my decision I will inform the Branch in writing.

Signature _____ **Date:** _____



Comhaltas Ceoltóirí Eireann, Craobh Baile an Cabháin

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Medical Consent Form

All musicians taking part in this activity must have Medical Information completed by a parent or legal guardian

Medical Information- (diabetes, asthma etc.)

Regular/usual medication:

Emergency Contact Number if Parent not available: _____

Full Name: _____

Relationship to Musician: _____

Parents / Guardians, this to authorise medical personnel and / or emergency physicians and any consultants that they deem necessary of nearby (or the most appropriate) hospital to render necessary medical care to my child / children as per our Membership Registration Form attached.

However, in the event of an emergency, if I cannot be contacted or if the person designated above cannot be contacted, I consent for medical personnel, physicians on the active staff of a nearby (or the most appropriate) hospital or another physician (or hospital as the case may be) to perform any emergency treatment including surgery requiring the use of local or general anaesthetic. This authorisation shall be in effect until I inform Cavan Town Comhaltas otherwise in writing.

Signature of Parent or legal Guardian _____

Date : _____