

Cavan Town CCÉ

Craobh Bhaile an Chabháin



cavantowncce



083-0797299

www.cavantowncomhaltas.ie



@cavantowncomhaltas

E-mail: cavantowncce44@gmail.com



Membership-Registration Form 2024/2025

Family €20

Adult €12

Junior €6

Parent/Guardian	Address
1.	
2.	

Junior	DOB if U-18	O-18	Main Instrument	Sing/Dance/Lilt

ADULT MEMBERSHIP*

Name			
Address			
Instruments			
Mobile Number			
e-mail address			
Main Instrument			Sing/Lilt <input type="checkbox"/>

Home Phone Number		
Parent/Guardian Mobile No.	1.	2.
Parent/Guardian email		
Amount Paid	€	
Received By		

Do you use **Whats App?** YES NO

NOTE: A Junior Only Membership may only be accepted once agreed by a Parent or Legal Guardian who's name and contact details have been completed above and acceptance signed for below. Their contact details will then be used by the branch as the principle means of communication with the member.

Signature of Parent or Guardian in acceptance of above requirement re Junior Membership:	
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Photographic Consent Form 2024/25

Cavan Town CCÉ 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 always 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 of Parent/Legal Guardian _____

Date: _____

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Medical Consent Form 2024/25

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

JUNIOR 1: Name: _____

Medical Information- (diabetes, asthma etc.)

Regular/usual medication:

JUNIOR 2: Name: _____

Medical Information- (diabetes, asthma etc.)

Regular/usual medication:

JUNIOR 3 Name: _____

Medical Information- (diabetes, asthma etc.)

Regular/usual medication:

Emergency Contact Number if Parent not available: _____

Full Name: _____

Relationship to Musician: _____

Parents / Guardians, this is 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 : _____