



St Barnabas GAA Club

Registration 2018



Season begins mid April

Last Name: _____ First Name: _____

Date: of Birth: _____

Phone Number for Calling Post: _____

Parent Email: _____

Parent Name: _____

Contact Number: _____

To the best of my knowledge, My child is in good physical condition, has no illness, conditions, impediment or handicap which would prevent him/her from fully participating in the program offered by the Saint Barnabas Gaelic Football Club, and my child has my permission to participate.

Parent signature: _____ Date: _____

In consideration of the benefits, derived from membership, we voluntarily waive any claims against the Saint Barnabas Gaelic Football Club, it's chartered members and institution, it's sponsors and all causes that may arise in connection with the activities of the above organization.

Parent signature: _____ Date: _____

Any Questions please contact Louise Lilly at: 718-530-8279

Or email : mahonmcl@aol.com

Return Form to :
Barnabas GFC,
Po Box 388,
Woodlawn Station,
Bronx, NY 10470.

