

FOIRM CHEADA DO CHLUBANNA DEONACHA DE CHUID FEACHTAS
Permission Form for Volunteer Led Clubs in Feachtas



LE LÍONADH AG TUISMITHEOIR/CÚRAMÓIR - To be completed by a Parent/Guardian

NÍ BHEIDH CEAD AG AN DUINE ÓG A BHEITH PÁIRTEACH SA CHLUB GAN AN FHOIRM
 SEO A BHEITH LÍONTA AGUS FAIGHTE AG CEANNAIRÍ AN CHLUB - Young people cannot participate if this form is not fully completed and returned to club leaders

SONRAÍ TEAGMHÁLA AN TEAGHLAIGH/Family contact details

AINM AGUS SLOINNE AN DUINE ÓIG - Name and Surname of young person:		DÁTA BREITHE - Date of birth:
SEOLADH - address:		AOIS FAOI LÁTHAIR - Current age:
<p><i>MÁS THAR 12 BLIANA D'AOIS - If aged 12 or over:</i></p> <p>UIMHIR GHUTHÁIN (IS FEARR FÓN PÓCA) - Phone number (mobile if possible): _____</p> <p>RÍOMHPHOST - email: _____</p>		
AINM THUISMITHEOIR/CHÚRAMÓIR 1 - Name of parent/guardian 1:		
SEOLADH (MÁS DIFRIÚIL) - address (if different):		UIMHIR GHUTHÁIN (IS FEARR FÓN PÓCA) - Phone number (mobile if possible):
		RÍOMHPHOST - email:
AINM THUISMITHEOIR/CHÚRAMÓIR 2 - Name of parent/guardian 2:		
SEOLADH (MÁS DIFRIÚIL) - address (if different):		UIMHIR GHUTHÁIN (IS FEARR FÓN PÓCA) - Phone number (mobile if possible):
		RÍOMHPHOST - email:
AINM CÚRAMÓRA EILE (MURA MBÍONN FÁIL AGAINN ORT I GCÁS ÉIGEANDÁLA) - Alternative contact person (in case of emergency and you are not available):		
SEOLADH (MÁS DIFRIÚIL) - address (if different):		UIMHIR GHUTHÁIN (FÓN PÓCA) - Phone number (mobile):
		UIMHIR GHUTHÁIN (FÓN BAILE) - Phone number (home):

SONRAÍ SLÁINTE - Medical information

AINM DO DHOCHTÚRA - Name of your doctor:	
SEOLADH DO DHOCHTÚRA - Your doctor's address:	UIMHIR GHUTHÁIN - Phone number:
<p>MÁ TÁ RIOCHT SLÁINTE A MBEIDH PLEANÁIL/RIACHTANAS SPEISIALTA AG TEASTÁIL DÓ AR DO PHÁISTE, TABHAIR SONRAÍ THÍOS LE DO THOIL - If your son/daughter/ward has a special medical problem or concern which will require individual planning and consideration please describe:</p> <p>PLÚCADH - Asthma <input type="checkbox"/> TITIMEAS - Epilepsy <input type="checkbox"/> DIAIBÉITEAS - Diabetes <input type="checkbox"/></p> <p>FÓIBÍ - Phobias <input type="checkbox"/> AILLÉIRGÍ - Allergies <input type="checkbox"/></p> <p>EILE (TABHAIR SONRAÍ) - Other (give details):</p> <p>_____</p> <p>_____</p>	
AN NGLACANN AN DUINE ÓG LEIGHEAS? TABHAIR SONRAÍ, LE DO THOIL - Is the young person on medication? Please give details:	
AN BHFUIL AON NÍ EILE A BHFUIL GÁ DON FHOIREANN/DO NA CEANNAIRÍ A BHEITH AR AN EOLAS FAOI? - Is there any other information that leaders/staff should be aware of?	

AN CLUB

CÉN CLUB AR MHAITH LEAT FEASTAL AIR? Which club would you like to join?	Club Óige Feachtas, Tamhlacht <input type="checkbox"/>	Club Óige Feachtas, Baile Brigín <input type="checkbox"/>
CÉN LÁ AGUS CÉN tAM IS FEARR A OIREANN DO DO DHUINE ÓG? Which day/time most suits your young person?		
DÉ LUAIN - Monday <input type="checkbox"/>	DÉ MÁIRT - Tuesday <input type="checkbox"/>	DÉ CÉADAIOIN - Wednesday <input type="checkbox"/>
DÉARDAIOIN - Thursday <input type="checkbox"/>	DÉ hAOINE - Friday <input type="checkbox"/>	
		5.30-7.00 <input type="checkbox"/>
		6.00-7.30 <input type="checkbox"/>
		6.30-8.00 <input type="checkbox"/>

EILE - Other

LE DO THOIL, CUR CIORCAL THAR TÁ CEAD/NÍL CEAD MAR IS CUÍ:	
Tugaim cead do _____ (ainm an duine óig)	
1. páirt a ghlacadh i gclár/i gcluichí/in imeachtaí Feachtas.	Tá cead/Níl cead
2. a bheith mar chuid de phoiblíocht Feachtas; griangraif, taifead srl.	Tá cead/Níl cead
3. rochtain ar ríomhairí/idirlíon faoi mhaoirseacht in Feachtas (nuair is gur féidir)	Tá cead/Níl cead
Please circle yes/no to the following statements:	
I grant permission for _____ (name of young person) to:	
1. Take part in programmes/games/activities in Feachtas	Yes/No
2. Be included in any publicity photographs/film/recording for Feachtas	Yes/No
3. Have supervised access to the computers and internet in Feachtas (where available)	Yes/No

EILE (AR LEAN) - Other (continued)

TEAGMHÁIL GHUTHÁIN/TEÁCS/RÍOMHPHOIST LEATSA AGUS LE DO PHÁISTE

Cuirfidh muid díreach ar an eolas tú faoi athrú ar bith a thagann ar rannphairtíocht do pháiste, maraon le deimhniú leis/léi ar an bhfón/trí teács. Seans go mbeidh cinntiú ríomhphoist ag teastáil. Ó am go chéile, rachaidh muid i dteagmháil leis/lei. Ní bhaineann sé seo le haon duine faoi 12. An nglacann tú le seo? Glacaim/Ní ghlacaim

Phone, Text and Email contact with you and your child/ward

We will inform you directly of any changes concerning your child's participation, as well as confirming with him/her by text/phone. We may also email information. On some occasions we may need to contact him or her directly. This will not apply to under 12s. Do you agree to this? I agree/I don't agree

DEARBHAÍM GUR LÉIGH MÉ AN FHOIRM CHEADA SEO AGUS TUIGIM AN MÉID SEO A LEANAS:

DEARBHAÍM/NÍ DHEARBHAÍM

- I. Níl Feachtas freagrach as mo pháiste sula dtosaíonn an club nó tar éis seisiún sa club.
- II. Caithfidh ceannairí a bheith ar an eolas faoi aon leigheas a bhíonn á thógáil ag mo pháiste. Níl cead ag ceannairí leigheas a dháileadh amach. Níor choir go mbeadh ach an méid leighis atá ag teastáil don tréimhse a mhaireann an imeacht ag mo pháiste.
- III. Leanfaidh an club polasaithe agus rialacha chun sábháilteacht agus deabhéasa a chothú.
- IV. Iarrfar orm cead a thabhairt do thuras ar bith.

I confirm that I have read this permission sheet and understand the following: Yes/ No

- I. Feachtas is not responsible for my child/ward before the club begins or after it ends.
- II. Leaders must be informed if my child is taking medication at the club. Leaders cannot administer it. My child should only have the amount needed for the duration of the activity.
- III. The club will follow policies and rules to promote good behaviour and safety for all.
- IV. I will be asked for permission for my child to go on any trips away.

Tá meas ag Feachtas ar do chearta maidir le cosaint sonraí agus tá Feachtas in oiriúint le hAchtanna um Chosaint Sonraí 1988 agus 2003. Bainfear úsáid as an eolas ón bhfoirm seo d'anailís staitistice, d'fhorbairt pleananna agus chun tú féin a uasdátú mar is cuí. Ní roinnfidh muid do chuid sonraí pearsanta le lucht ar bith eile seachas sa chás go gcreideann muid, de mheon macánta, gur gá dúinn iad a roinnt le teacht leis an dlí. Tá seans ann go mbainfidh muid úsáid as an eolas seo sa todhchaí chun thú a chur ar an eolas faoi chúrsaí Feachtas. Murar mhaith leat é sin, cur tic anseo:

Feachtas respects your right to privacy and complies with its obligations under the Data Protection Acts 1988 and 2003. The information provided on this form will be used for statistical analysis, development of programmes and to update you as relevant. We will not disclose personal data to third parties unless we believe, in good faith, that we are required to disclose it to comply with any applicable law or statutory requirement. We may use this data in the future to update you about Feachtas. Please tick here if you do not wish to be contacted:

SINIÚ AN THUISMITHEORA/CHÚRAMÓRA -
Parent/Guardian's signature

DÁTA - Date

AINM AN THUISMITHEORA/CHÚRAMÓRA (CEANNLITREACHA) -
Parent/Guardian's name (Please print)

GAOL LEIS AN DUINE ÓG
Relationship to young person