



CARLOW & DISTRICT JUVENILES LEAGUE



Secretary : John Collins, 4a Bestfield, Athy Road, Carlow

Phone : 086 4100952 (mobile) E-mail : johncollins3@msn.com

APPLICATION FOR AFFILIATION

On behalf of _____ AFC I wish to apply for affiliation to the Carlow & District Juveniles League for season

The above named Club intends to field the following team/s from the start of the season:-

[PLEASE INSERT THE NUMBER OF TEAMS IF MORE THAN ONE OR TICK APPROPRIATE BOX]

8's 9's 10's 11's 12's

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13's 14's 15's U16's

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Girls 12's Girl's 13's Girl's 14's Girl's 15's Girl's 16's

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CLUB GROUND DETAILS

Pitch Location: _____

Landmark: _____

For season

<u>Position</u>	<u>Name & Address</u>	<u>Landline</u>	<u>Mobile</u>	<u>E-mail Address</u>
Chairperson	_____ _____ _____ _____	_____	_____	_____
Vice-Chair	_____ _____ _____ _____	_____	_____	_____
Secretary	_____ _____ _____ _____	_____	_____	_____
Treasurer	_____ _____ _____ _____	_____	_____	_____
PDP Officer	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____	_____	_____

<u>Committee Members</u>	<u>Name & Address</u>
	1 _____
	2 _____
	3 _____
	4 _____
	5 _____
	6 _____
	7 _____
	8 _____
	9 _____

Child Liaison Officer

AFC

For Season.....

<u>Name & Address</u>	<u>Landline</u>	<u>Mobile</u>	<u>E-mail Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The foregoing are the details of all officers, committee members and child liaison officer of _____ AFC as elected at the Annual General Meeting of the club on / /

(Signature of Club Secretary)

(Date / /)

AFC INSURANCE DETAILS 2019/20

Public Liability Insurance (compulsory) is with :

Name of Insurance Company _____

Policy Number: _____ Policy Expires on: _____

Phone Contact: _____

(Attach copy of current Up-to-date Insurance Certificate)

Personal Accident Insurance for Players (Optional but highly recommended) is with:

Name of Insurance Company _____

Policy Number: _____ Policy Expires on: _____

Phone Contact: _____

(Attach copy of current Up-to-date Insurance Certificate)

AFC MANAGERS/COACHS DETAILS

For Season.....

Coach/Manager Name	Team Age-Group	Mobile Number	Garda Vetting Number	Child Protection Number	Coaching Qualification

Match Results/Match Reports

Email Address to which Online Links are to be sent:

E-mail: _____



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Registration of Club Kit/Colours – Season.....

Name of Club : _____

Shirt

Type (tick one box in each column)		
	Home	Away
Plain - all one colour	<input type="checkbox"/>	<input type="checkbox"/>
Plain - trim/sleeve different colour	<input type="checkbox"/>	<input type="checkbox"/>
Hoops	<input type="checkbox"/>	<input type="checkbox"/>
Stripes	<input type="checkbox"/>	<input type="checkbox"/>
Colour (insert colour in appropriate box/boxes)		
	Home	Away
Plain	<input type="checkbox"/>	<input type="checkbox"/>
Sleeves/Trim	<input type="checkbox"/>	<input type="checkbox"/>
Hoops	<input type="checkbox"/>	<input type="checkbox"/>
Stripes	<input type="checkbox"/>	<input type="checkbox"/>



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Registration of Club Kit/Colours – Season.....

Socks

Type (tick one box in each column)		
	Home	Away
Plain - all one colour	<input type="checkbox"/>	<input type="checkbox"/>
Plain - with trim different colour	<input type="checkbox"/>	<input type="checkbox"/>
Hoops	<input type="checkbox"/>	<input type="checkbox"/>

Colour (insert colour in appropriate box/boxes)		
	Home	Away
Plain	<input type="text"/>	<input type="text"/>
Trim	<input type="text"/>	<input type="text"/>
Hoop	<input type="text"/>	<input type="text"/>

Shorts

Shorts (insert in boxes)		
	Home	Away
Colour	<input type="text"/>	<input type="text"/>

Signature of Club Secretary : _____ Date : _____

DOCUMENTS REQUIRED WITH THIS APPLICATION

Please ensure that the following documents are enclosed and forwarded with this application for affiliation. Applications received without these documents will be returned without being processed.

1. Copy of your current up-to-date insurance certificate(s)
2. Copies of all coaches/managers Garda Vetting, Child Protection and Coaching Qualification Certificates.
3. Fully completed registration form of your club colours (if you have different colours for different teams a separate form is required for each team)
4. Copy of Club's balance sheet for previous season

CERTIFICATION BY CLUB SECRETARY

I hereby certify that all the foregoing information regarding _____ AFC is correct in every detail and I append my signature accordingly.

Date: _____

Signed: _____

_____ AFC Club Secretary

RETURN FULLY COMPLETED FORM TO :

Hon Secretary, Carlow & District Juvenile League

John Collins 4a Bestfield Athy Road Carlow