



Berlin GAA e.V. Membership Form 2025

Full Name: _____

Current/registered address: _____

Date of Birth: _____

Phone No.: _____

Email: _____

Former Club (if not transferred yet):

Football: _____

Hurling/Camogie: _____

Membership fees

Please transfer your membership subscription as outlined below to the following Berliner Sparkasse account:

IBAN: DE46 1005 0000 0190 4222 54

BIC: BELADEBEXX

Subject: <Name/Membership type>

Account Holder: Berlin GAA e.V.

Please tick the appropriate box(es):

Membership: Full Adult

Type	Cost
All Year:	€80 <input type="checkbox"/>
Feb-Jun:	€40 <input type="checkbox"/>
Jul-Dec:	€40 <input type="checkbox"/>

Membership: Student

Type	Cost
All Year:	€50 <input type="checkbox"/>
Feb-Jun:	€25 <input type="checkbox"/>
Jul-Dec:	€25 <input type="checkbox"/>

Membership: Social (non-player)

Type	Cost
Year:	€15 <input type="checkbox"/>



Helmet/Hurl Scheme

We offer our members the opportunity to rent a helmet and hurl from the club. For this we require a €40 deposit, which will be returned to you upon returning the gear.

I would like to rent a hurl and helmet from Berlin GAA ☐

Please contact a member of the committee for more information regarding this scheme.

Important information regarding health insurance

In Germany, all registered persons need to have their own medical/health insurance; this means that Berlin GAA does not cover any health or injury related payments. It is the responsibility of the individual member to cover their own medical/health insurance.

We advise that all members ensure that they carry their health insurance card to all training sessions and tournaments.

In the unlikely event that you will require first aid or emergency care, this part of the form is to enable the first responder to have the appropriate information in order to be able to provide aid in a safe and efficient manner. The information provided will only be accessed by the Berlin GAA coaches and appropriate committee members, and will be stored in a secure manner and will only be shared with appropriate emergency responders if and when required.

Emergency contact name: _____

Emergency contact phone and email : _____

Complete the below information

Have you had in the past or currently have any of the following:

- ☐ Anemia
- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy/Seizures
- ☐ Coeliac Disease
- ☐ Heart disease/attack
- ☐ High Blood Pressure
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Neurological disorders
- ☐ Bleeding disorders
- ☐ Lung disease

☐ None

☐ Other eg. sports injury: _____

If you have answered yes to any of these, please provide details about medication or assistance you require:



Signature: _____ **Date:** _____

*As a member of Berlin GAA, you are bound to comply with the rules and regulations of the Gaelic Athletic Association and the Club, as set out in the GAA Official Guide and in the GAA Club Constitution.
Membership does not include insurance and is the members own responsibility.*

Please return the membership form via email to:

registrar.berlin.europe@gaa.ie AND secretary.berlin.europe@gaa.ie

cc: chairperson.berlin.europe@gaa.ie