



COISTE CHONTAE CHILL DARA

Player in Isolation Form 2023

Please Return Form to:
ccc.kildare@gaa.ie

PART 1 From Club: to Club.....

1. *Players Name..... Siniu.....
Ainm as Gaeilge.....
2. *Players Full Address.....
.....
.....
3. Players email Address.....
4. *Players Contact Telephone Number:
5. *Date of Birth.....
6. *Date of Last Competitive Match: Grade.....
7. *Reasons for Player in Isolation request:
.....
8. *Competitions in which the player wishes to take part in under this scheme:
.....

SIGNATURE OF PLAYER..... DATE.....

Part II CONSENT OF CLUB TO WHICH PLAYER WISHES TO PLAY WITH UNDER THE PLAYER IN ISOLATION SCHEME:

The Committee of Club have considered the above application and hereby consent to the application being processed:

Sinithe _____ Runai. Date: _____

Part III RESPONSE OF CLUB WHICH PLAYER IS LEAVING UNDER THE PLAYER IN ISOLATION SCHEME

The Committee of Club have considered the above application and hereby consent to the application being processed:

Sinithe _____ Runai. Date: _____



Denotes Mandatory Field which must be filled in.

Notes: 1. Transfer Applications must be submitted to CCC Secretary via email at **ccc.kildare@gaa.ie**

2. All Applications will be dealt with by CCC Cill Dara

3. **" Once the above Competition is finished the player must return to his home Club"**

4. **A TELEPHONE NUMBER IS MANDATORY.** Applications **cannot be dealt with** unless a contact number is provided. Please note if the applicant is Under 18 a parent or guardian number may be submitted as an alternative contact.