

CLG Cluain Tarbh / Clontarf GAA Club A&E Claim Form



| Name: | | | | | | |
|--|---|--|---|---|--|--|
| Address: | | | | | | |
| Date of Birth: | // | | | | | |
| Team: (e.g., Senior Men/Junior Ladies/U16 Boys, etc) | | | | | | |
| Date of Injury: _ | // | | | | | |
| Injury occurred during (Please Tick): | | | | | | |
| Official Match: | | Official Trai | ning: | | Challenge Match | : |
| | <u> </u> | | | | | |
| Expense €: Claim €: 80 | | | | | | |
| (e.g. x-rays) will not medical expenses Initial notification in days (for GAA) of (administrator.clon) claim within timefra | ot be covered narising out of in arising out of in must be provided the injury, so it atarf.dublin@gate ame or else classification. | nor will private r njuries may be ed to insurers w is important to aa.ie) as soon a aim will not be p | medica claime vithin 3 contact as the i | I consultation of the consultation of the club on jury takes sed. | arising out of private at ions. Reimbursement for the central GAA Injury of Camogie)/56 days (for Administrator is place as she will need in onto our Treasurer; T | or other Scheme. LGFA) /60 I to log |
| Signature of Player or Guardian: Date:/ | | | | | | |
| Mentor Signature: Date:// | | | | | | |
| Bank Name | | | Branc | h | | |
| | | | | | | |
| BIC | | | IBAN | | | |
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