**GAA DADS & LADS – CHECKLIST**

**This document has been pre-populated and must be updated specific to your own event and venue**

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| --- | --- | --- | --- | --- | --- |
| **Club Name** | | |  | | |
| **Designated Club Contact** | | | **Name**  **Contact details email or phone** | | |
| **Activity** | | |  | | |
| **Venue** | | |  | | |
| **Team registered with Community & Health** | | |  | | |
| **Players all registered on Foireann** | | |  | | |
| **Players advised no Cover under GAA Injury Benefit fund** | | |  | | |
| **Social Games Playing Principles will be adopted** | | |  | | |
| **Complete the ARF for any incident that may give rise to a claim and submit to** [**sinead.leavy@gaa.ie**](mailto:sinead.leavy@gaa.ie) **or** [**ciara.clarke@gaa.ie**](mailto:ciara.clarke@gaa.ie) | | | | | |
| **Programme schedule dates** | | | | | |
| **Wk 1** | **Wk 2** | **Wk3** | **Wk4** | **Wk5** | **Wk6** |
|  |  |  |  |  |  |