**GAA DADS & LADS – CHECKLIST**

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

|  |  |
| --- | --- |
| **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** **or** **ciara.clarke@gaa.ie** |
| **Programme schedule dates** |
| **Wk 1** | **Wk 2** | **Wk3**  | **Wk4** | **Wk5** | **Wk6** |
|  |  |  |  |  |  |