



**Athlete Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: // Gender: Male  Female

\*Mobile phone number (if over 18): \_\_\_\_\_

\*E mail address (if over 18): \_\_\_\_\_

**Second Child (if applicable)**

Name: \_\_\_\_\_

Date of birth: // Gender: Male  Female

**Third Child (if applicable)**

Name: \_\_\_\_\_

Date of birth: // Gender: Male  Female

**Parent/Guardian Information (if athlete is under 18)**

I am the Parent/Guardian of \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile phone number (for emergencies): \_\_\_\_\_

E mail address (for email updates): \_\_\_\_\_

(Event notices will be sent by email and/or sms text)

**Membership Fees 2013 - Please tick the membership category that applies to you**

- |                            |         |           |                          |
|----------------------------|---------|-----------|--------------------------|
| One Child (u18) .....      | € _____ | per annum | <input type="checkbox"/> |
| Two Children (u18) .....   | € _____ | per annum | <input type="checkbox"/> |
| Three Children (u18).....  | € _____ | per annum | <input type="checkbox"/> |
| Senior/Junior/Master ..... | € _____ | per annum | <input type="checkbox"/> |

Please visit the 'About Us' section of our website for details of registration fees.  
You can give your completed registration and membership form to the treasurer  
or any coach.

**Medical History Information**

Please provide details of any known allergies and medical conditions the member/s have. Please provide details of any medication that may be relevant to Anti-Doping regulations. If you are unsure please speak with any of our coaches who will advise you further. Please consult a Doctor before embarking on any exercise training plan.

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Are there any other special needs, requirements or directions that would be helpful for leaders/coaches.

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In the event of illness or accident, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

**Photographs and film**

I understand that photographs or film may be taken during or at training and sport related events and may be used in the reporting or promotion of the sport. If you do not wish your child to be photographed or filmed please advise one of the clubs Child Welfare Officer's.

**Drug testing (for elite athletes only)**

I give permission for my child(ren) to be tested for prohibited substances in accordance with the Irish Sports Council anti Doping Rules (where applicable).I hereby consent to the above child(ren) participating in activities of the organisation in line with the Code of Ethics for Young People. I will inform the leaders/coaches of my children's activities of any changes to the information above.

I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in all activities of the Athletic Club.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athlete Promise**

I will have fun, make friends and learn about athletics from my coaches and mentors. I agree to the rules of the club and to train to the best of my ability and compete for the club. I agree to accept coaching from the club and to behave in an appropriate way at all times. I agree to help out and take part in fundraising activities for the club.

**Signature(s):** \_\_\_\_\_