

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 2012 - Please tick the membership category that applies to you

- One Child (u18)€ _____ per annum
- Two Children (u18)€ _____ per annum
- Family (3 or more members)€ _____ per annum
- Senior/Junior (u20)/Master€ _____ per annum

Additional club membership information.

If you wish to pay your membership by standing order please complete the following form. Otherwise please send your membership with your registration form.

Your Banking Details:

Bank: _____ Branch: _____
Sort Code: - -

Please Debit my Account No:

Account Name: _____

Decide on your frequency of payment: monthly, quarterly etc. Amount to be paid each period

<input type="text"/>	€ <input type="text"/>
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Beginning (ddmmyy)

End Date or until further notice, please cross out one.

Quoting Reference: (please give athletes name)

AND PAY TO:

Account Name:	
Bank:	
Branch:	
A/C No:	Sort Code:

Signed: _____

(authorised signature / account holder)

You can give your completed registration and membership form to the treasurer or any coach. You can also post it to:

OFFICE USE ONLY
Registration form check list.

Registration form completed Yes No

Membership Payment _____

Completed medical form: Yes No

Signed consent form: |

Website:

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.

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

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 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 the club Child Welfare Officer.

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): _____

Club Name:

STRICTLY CONFIDENTIAL - Leader/Coach information form

Personal information

Name: _____

Maiden name (if applicable): _____

Address: _____

Date of birth: // Gender: Male Female

Mobile phone number: _____

E mail address: _____

Place of birth (Country, City, Town): _____

What is your previous experience or involvement in our cub? eg: parent, helper, member etc.

What other clubs have you been involved with in the past and what was your role?

Do you have any qualifications or skills that will benefit our club? eg: coaching, first aid etc.

Do you agree to abide by the guidelines contained in the Code of Ethics and Good Practice for Children in Athletics? Yes No

Do you agree to abide by the rules and recommendations of the Athletic Association of Ireland? Yes No

Have you ever been asked to leave a sporting organisation in the past? (If you answer yes we will contact you in confidence) Yes No

Have you ever been convicted of a criminal offence or have a case pending? (If you answer yes we will contact you in confidence) Yes No

As a youth leader or coach it would be very useful to provide us with the names of two people who are happy to endorse your application to work with children in .

1) Name: _____ Club: _____ Phone: _____

2) Name: _____ Club: _____ Phone: _____

Complaints Form

Club Name

Please enter the nature of your complaint in the box provided. Should you require addition space then add a continuation sheet. Once complete please send the complaint form to the Chairman of Athletics. The address is given at the bottom of this sheet.

Please Note: ALL details relating to any incident must be provided and must be signed by the athlete and their parent or guardian. If your complaint relates to an accident please complete the relevant **Athletic Club Accident Report and Witness forms**. These are available from the Club Child Protection Officer and the Club Secretary and Chairman.

NAME _____

ADDRESS _____

TELEPHONE _____

E.MAIL _____ @ _____

Nature of Complaint _____

Location of incident _____ Date of Incident _____

Nature of Complaint

Please use an additional page if required

ATHLETE SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

COMPLETE AND POST (Signed) to

ACCIDENT REPORT FORM

To be completed by the injured party

1. PERSONAL DETAILS OF INJURED PERSON

Name:	
Address:	
Phone number:	Email:
Date of Birth:	Age:

2. DETAILS

Date of Accident	Time of Accident:
Location of Accident	To whom reported:

3. ACCIDENT DETAILS

Accident Location:	
Equipment Involved:	
Name of coach/supervisor present:	
Name of other athletes involved:	

4. INJURY DETAILS

Nature of Injury:	
Body Part Injured:	
Treatment given:	
By Whom:	
Please Circle:	First Aid RGN Doctor Hospital
Name of Hospital attended:	
Name of Doctor attended:	

5. WITNESSES

Name 1	
Name 2	

6. WHAT WERE YOU DOING AT TIME OF ACCIDENT?**7. DESCRIPTION OF ACCIDENT**

8. ADDITIONAL INFORMATION (include photos/sketches if appropriate)

9. WHAT DO YOU CONSIDER MAY HAVE CAUSED THE ACCIDENT?

10. HOW CAN WE PREVENT THIS ACCIDENT HAPPENING AGAIN?

Signed: injured party

Date:

Signed: parent/guardian

Date:

WITNESS REPORT FORM

To be completed by witness to the accident/incident

1. PERSONAL DETAILS OF INJURED PERSON

Name:

2. DETAILS

Date of Accident

Time of Accident:

Location of Accident

To whom reported:

3. PERSONAL DETAILS OF WITNESS

Name:

Address:

Phone number:

E mail:

4. WHAT WAS THE INJURED PERSON DOING AT TIME OF ACCIDENT?**5. WHAT WERE YOU DOING AT TIME OF ACCIDENT?****6. WHAT DID YOU SEE/HEAR OF THE ACCIDENT? (include photos/sketches if appropriate)****7. ADDITIONAL INFORMATION**

Witness Signature:

Date: