

Application for Annual Membership

Club name: _____

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 - 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"/> |
| Family (3 or more members) | € _____ | per annum | <input type="checkbox"/> |
| Junior (u20)/Senior/Master | € _____ | per annum | <input type="checkbox"/> |

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**

	€
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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: Yes No

Website:

Medical History

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 Children’s Officer.

Drug testing

Membership of Athletics Ireland means that all athletes may be chosen for testing. Your membership of Athletics Ireland commits you to agreeing to testing and in the case of a Child (U/18) the prior written consent of the parent or guardian is required via the initial membership process at Club level, or at selection for competition or through competition entry forms. All club personnel have a responsibility to ensure that club members are aware of the Irish Anti-Doping Rules and that there is an atmosphere supporting a drug free sport within the club. A complete copy of the Irish Anti-Doping Rules is available through the Athletics Ireland website. Once you become a member of Athletics Ireland and enter a competition you are accepting the fact that you could be drug tested.”

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.
I agree to abide by the code of conduct for children and athletes

Athlete signature(s): _____