



**ATHLETIC ASSOCIATION OF IRELAND
JUVENILE ATHLETICS COMMITTEE**

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Sutton,
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Date: 18/07/2006**

CELTIC GAMES 2006

NAME:

EVENT:.....

CONGRATULATIONS

You have been selected to compete in the Celtic Games which takes place here in Waterford City on Saturday 12th August .

I enclose the following forms:

- 1. Invitation to compete**
- 2. Dope Testing Consent Form**

Please read the forms carefully and ensure that all relevant signatures are on the forms. Please complete the forms and return to me as soon as possible. You must complete the Celtic Games 2006 form and your Parents/Guardians complete the Dope Testing Form.

Please ensure that your Parent(s)/Guardian(s) sign both forms.

Accommodation is in Manor Village, Waterford I.T. from Friday 11th August at 2 p.m. until Sunday 13th August after breakfast.

The girls team manager is Georgina Drumm – 042-9371481 and the boys team manager is John McGrath – 058 68020.

Irish Gear will be distributed for this event. If you already have Irish Gear please bring it with you.

**Time of arrival at Manor Village, Waterford I.T. is 2 p.m.
The competition takes place at Waterford Stadium, Waterford City
on Saturday 12th August 2006 starting at 11.30 a.m.**

**May I remind you that you will be expected to be on your best
behaviour at all times. Your future as an International athlete has to
be considered.**

**I would appreciate if you could contact me by either phone or email to
let me know if you are coming and then either post or email the
completed forms as soon as possible.**

**It is imperative I have all relevant information by Wednesday 28th
July 2006 at the latest.**

Looking forward to having you on the team.

Yours in Sport,

**Aine Pobjoy
Hon. Secretary
Juvenile Athletic Committee
A.A.I.**



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Name: _____

Address: _____

Club: _____

Date of Birth: _____

Reg No: _____

Phone No: _____

Email: _____

Mobile Phone: _____

Event: _____ **P.B.** _____

Height: _____

Weight: _____

Vest Size	Small		Medium		Large		XL		XXL	
Shorts	Small		Medium		Large		XL		XXL	
Tracksuit	Small		Medium		Large		XL		XXL	



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NAME:**CLUB:**.....

ADDRESS:.....

.....

PHONE NO:.....**DATE OF BIRTH :**.....

EVENT:.....**PERSONAL BEST:**.....

HEIGHT:.....**WEIGHT:**.....

Do you require special diet? i.e. Vegetarian Yes/No.
If Yes please give details.

I hereby confirm that I am available to compete in the Celtic Games.
YES/NO

I have read the contents of my selection letter and understand same.
I undertake to be on my best behaviour at all times.
I hereby undertake to retire to my room when requested to do so by the
Team Managers.

SIGNED:..... **DATE:**.....

I hereby consent to my child competing in the Celtic Games and that
he/she will be under the complete control and supervision of the Team
Managers.

SIGNED:..... **DATE:**.....

.....

PARENTS/GUARDIANS



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In accordance with the programme of doping control being operated in all Major Competitions, you should note that drug testing may be carried out at the above event.

Please fill in this form and have it signed by your parents/guardians and return to me as soon as possible.

**Áine Pobjoy
Hon. Secretary J.A.C.**



**CELTIC GAMES 2006
DRUG TESTING AGREEMENT**

NAME OF ATHLETE:.....

ADDRESS:.....

.....

DATE OF BIRTH:.....**CLUB:**.....

EVENTS:.....**PHONE NO:**.....

**I/We the undersigned Parents/Guardians of
hereby consent to our son/daughter submitting to a drug test under I.A.A.F.
rules if requested to do so.**

SIGNED:.....**DATE:**.....

SIGNED:..... **DATE:**.....

PARENTS/GUARDIANS

Name of any Antibiotic or Inhaler the athlete is using including any cough bottles.