

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 2018 - Please tick the membership category that applies to you

- 1st Child (u18) €30 per annum
- 2nd Child (u18) €25 per annum
- 3rd & subsequent Child (U18)....€20 per annum
- Senior/Junior/Master.....€65 per annum
- 'Couples Rate'.....€120 per annum

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 Information

1. Any health conditions or allergies that could affect a member while training must be brought to the attention of the coaches.
Note: Asthma sufferers must bring inhalers to training, races and events).
2. Members should not attend training if they are suffering or recovering from an illness or injury.
3. I will provide details of any medication that may be relevant to Anti-Doping regulations.
4. In the event of illness or accident, having parental/guardian 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 medical treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Please consult a doctor before embarking on any exercise training plan.

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): _____

www.duleekac.ie