



BANDON ATHLETIC CLUB

Membership Application Form 2010

Name: _____ Male Female (please tick)

Address: _____

Date of Birth: _____

(For new members please attach a copy of your birth certificate as it is needed for national registration purposes)

List any illnesses/conditions the coaches should know about:-

Contact Name: _____

Contact Telephone Details:- Mobile _____ Home _____

(These are important for use not only in an emergency, but also for routine updating by text message about fixture details and changes)

Family Doctor's Name & Tel No. _____

In the event of illness having parental responsibility, I give permission for medical treatment to be administered where 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 authorise a qualified medical practitioner to provide emergency treatment or medication.

Photographs

I understand that photographs will be taken during, or at, athletic club related events and may be used in the promotion of the sport.

I confirm that all the above details are correct I hereby consent as parent/guardian to the above child(ren) participating in activities of the Bandon Athletic Club in line with the Code of Ethics for Young People. I will inform leaders of my child(ren)'s activities of any changes to the information above.

Signature: _____ Date: _____
(Parent/Guardian if applicant is under 18 years of age)

Annual Membership Costs:- (Juvenile - €30) , (Adult - €40), (Family Membership - €100)

Web: www.bandonathleticclub.com

ATHLETIC ASSOCIATION OF IRELAND