

DUNBOYNE ATHLETIC CLUB



APPLICATION FORM FOR NEW JUVENILE MEMBERS

Name	Male/Female	Date of Birth

Address: _____

Telephone: Home: _____ Mobile (in case of emergency) _____

E-MAIL: _____

MEDICAL HISTORY INFORMATION (details of any known allergies, conditions etc).

In the event of illness, 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.

Other Information

Any other special needs, requirements or directions that would be helpful for leaders to know about:

PARENTAL/GUARDIAN CONSENT

I am the Parent/Guardian of: _____

Photographs

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

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 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 and travel to all activities.

SIGNATURE: _____ **DATE:** _____