

DUNBOYNE ATHLETIC CLUB

Registration form 2009

Name: _____ Date of Birth ____/____/____

Address: _____

Level of participation (select one) : Competition ____ Fit4Life ____ Use of Facilities ____

Phone: _____ Mobile: _____ E- mail: _____

Additional Family Members	Date of Birth	Senior Athletes who wish to compete must be registered at County Level - please indicate	Yes	No

Signed: _____ Date: _____

THE FOLLOWING SECTION TO BE COMPLETED BY PARENT/GUARDIAN FOR JUVENILE MEMBERS.

Any relevant medical information for the attention of Dunboyne Athletics Club coaches

(Example: Asthma, allergies etc _____)

As a result of above he/she requires the following special care and attention

AGREEMENT FOR MEDICAL TREATMENT

I hereby consent to _____ (Juvenile's name) receiving medical treatment, if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

Parent/Guardian Signature _____ Date _____

NEW JUVENILE MEMBERS ONLY. A copy of Birth Certificate should be enclosed with this form

PLEASE INDICATE IF YOU ARE AVAILABLE TO ASSIST WITH COACHING, TRANSPORT, ADMINISTRATION ETC RELATING TO JUVENILE EVENTS : _____

MEMBERSHIP FEES

Juvenile membership (V9 - VI8) 1 child	€60	Senior membership	€100
2 children	€90	Family membership	€150

Payment of the above confirms your acceptance of the Rules and Constitution of Dunboyne Athletic Club. (as detailed on the enclosed form.)