



2021 Inishowen Athletics Club Adult Registration Form

Please answer all questions on this form (answer not applicable where relevant). Please do not leave blanks on the form. All information will be treated in the strictest of confidence.

Please indicate if you are a new member or renewing your membership by circling below:

• New Member	• Renewal of Membership
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Personal Details

Name:	Email Address:
Address:	Mobile Number: Home Telephone:
Date of Birth:	GP Name:
Gender:	Occupation:
Do you/will you use Facebook as a means of contact with Inishowen Athletics Club	Yes or No. (Circle as appropriate).
Contact Number in Emergency	

Please give details below of any health issue (s) that you feel could have an impact on your ability to exercise and details of any prescribed medication that you are taking for a health issue (s) that you feel could have an impact on your ability to exercise.

Informed Consent

I confirm that I have completed the above questionnaire to the best of my ability and that I have provided accurate information regarding my current health status. I take it upon myself to discuss any changes in my health with the Club's coaches. I understand that any exercise programme has certain risks. I understand that the degrees of risk depends on my health and physical fitness. I am voluntarily participating in the activities of Inishowen Athletics Club and will immediately discontinue any activity if feeling any symptoms of distress or discomfort. I will notify a member of the Club of same. In this respect, I hereby indemnify Inishowen Athletics Club.

As part of my Club membership, I understand that I will be required to assist with Club events, such as officiating at road races, whenever possible.

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

By completing this membership form, I agree to Inishowen AC using my personal data in accordance with the clubs Privacy Policy

Participant's Signature: _____ Date: _____



Executive Committee Member's Signature: _____

Date: _____

Please post to either of the following:

<p>Mrs. Lisa Sweeney, Inishowen A.C. Registrar, Gortyarn, Carndonagh, Co.Donegal.</p>	<p>Mrs. Joanne Whoriskey, Inishowen A.C. Registrar, 29 Cloncool Park, Buncranca Co.Donegal.</p>
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BANK DETAILS

BIC	BOFIE2D
IBAN	IE17 BOFI 9047 5528 7100 98

***** If making a bank payment please let one of the registrars know that you have done so and who the payment is for**

For Office Use only

- Date Received by Registrar _____
- Amount paid _____
- Date Athlete registered with Athletics Ireland _____
- Date athlete added to Club database _____
- Any other relevant information _____