



2022 Inishowen Athletics Club Juvenile 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:	Gender:
Contact Number in Emergency	

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.

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

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	BOFIIE2D
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 _____