



Athlete Information

Name: _____

Address: _____

Date of birth: [][]/[][]/[][][][] Gender: Male [] Female []

Mobile phone number (if over 18): _____

E mail address (if over 18): _____

Second Child (if applicable)

Name: _____

Date of birth: [][]/[][]/[][][][] Gender: Male [] Female []

Third Child (if applicable)

Name: _____

Date of birth: [][]/[][]/[][][][] Gender: Male [] Female []

Parent/Guardian Information (if athlete is under 18)

I am the Parent/Guardian of _____

Name: _____

Address: _____

Mobile phone number (for emergencies): _____

E mail address (for email updates): _____

(Event notices will be sent by email and/or sms text)

Membership Fees 2012 - Please tick the membership category that applies to you

- One Child (u18)€200 per annum []
Two Children (u18)€350 per annum []
Family (3 or more members)€400 per annum []
Senior/Junior (u20)/Master€150 per annum []

Were you or any other athlete on this application a member of an athletic club in the last three years? Yes [] No []

If yes, which club were you a member of? _____

Membership covers annual Athletics Ireland insurance and registration, county championship and county juvenile league entry fees. The remainder of the club membership fees go towards the running costs of the Club. Athletes who do not pay their club membership are not insured and therefore cannot attend training or compete for the club. Uninsured or unregistered athletes cannot use the club facilities under any circumstances.



If you wish to pay your membership by standing order please complete the following form. Otherwise please send your membership with your registration form.

Your Banking Details:

Bank: _____ Branch: _____
Sort Code: [][]-[][]-[][][]

Please Debit my Account No:

[]

Account Name:

Decide on your frequency of payment: monthly, quarterly etc. Amount to be paid each period

[] € []

Beginning (ddmmyy)

[]

End Date or until further notice, please cross out one.

[]

Quoting Reference: (please give athletes name)

[]

AND PAY TO:

Account Name: Celbridge Athletic Club
Bank: Ulster Bank
Branch: Main Street, Celbridge, Co. Kildare
A/C No: 25880056 Sort Code: 98-54-49

Signed: _____

(authorised signature / account holder)

You can give your completed registration and membership form to the treasurer, Tracy Minnock, or any coach. You can also post it to:

Celbridge Athletic Club
C/o Sasta Surveys
Unit 24
The Mill
Celbridge
Co Kildare

Website: www.celbridgeac.com

OFFICE USE ONLY
Registration form check list.

Registration form completed Yes [] No []

Membership Payment _____

Completed medical form: Yes [] No []

Signed consent form: Yes [] No []



Medical History Information

Please provide details of any known allergies and medical conditions the member/s have. Please provide details of any medication that may be relevant to Anti-Doping regulations. If you are unsure please speak with any of our coaches who will advise you further.

Are there any other special needs, requirements or directions that would be helpful for leaders/coaches.

In the event of illness or accident, 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.

Photographs and film

I understand that photographs or film may be taken during or at sport related events and may be used in the reporting or promotion of the sport. If you do not wish your child to be photographed or filmed please advise the club Child Welfare Officer, Mary Dwyer.

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/coaches of my childrens 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 all activities of Celbridge Athletic Club.

Signature of Parent/Guardian: _____ **Date:** _____

Athlete Promise

I will have fun, make friends and learn about athletics from my coaches and mentors.
I agree to the rules of the club and to train to the best of my ability and compete for the club.
I agree to accept coaching from the club and to behave in an appropriate way at all times.
I agree to help out and take part in fundraising activities for the club.

Signature(s): _____