



APPLICATION FORM FOR NEW JUVENILE MEMBERS

CONTACT INFORMATION

Name _____ Male Female

Address: _____

Telephone Home: _____

Telephone Mobile (in case of emergency): _____

EMAIL _____

Date of Birth _____

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 authorise a qualified medical practitioner to provide emergency treatment of 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 the 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: _____

Code Of Ethics :

We, Parent name & Childs name

Have read, understand & agree to abide by the St .Brendan's A.C. code of Ethics, which is available to read on the web site at www.stbrendansac.com