



# Longford Athletic Club

Application form for new juvenile members - Please use **BLOCK CAPITALS**

Name \_\_\_\_\_

Male  Female

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile: (In case of emergency) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### 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 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: \_\_\_\_\_

#### Club Policies

I understand that juvenile membership is conditional on compliance with Longford Athletic Club policies. (see our website, Longfordac.com for club policy documents)

#### 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 give 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

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_