

BANDON ATHLETIC CLUB

Established in 1964

Juvenile Membership Application Form 2014

Please take time & indicate which category you wish each child to be placed for coaching purposes.

Competitive athletes will be expected to attend competitions if we see that they are of the standard, you as parents will be expected to facilitate their attending in any way possible i.e. drive them if there is no bus/lift

Recreational athletes will learn all the basics of athletics in a fun relaxed environment, but will not be expected to attend competitions

Child intends attending training **Mon Night** ☐ **Wed Night** ☐ **Both** ☐

(This helps us organise coaches for coming year)

Tick One below!! - we will assume recreational unless indicated otherwise

Name Child 1 _____ D.O.B _____ Recreational ☐ Competitive ☐

Name Child 2 _____ D.O.B _____ Recreational ☐ Competitive ☐

Name Child 3 _____ D.O.B _____ Recreational ☐ Competitive ☐

Name Child 4 _____ D.O.B _____ Recreational ☐ Competitive ☐

Address: _____

(For new members please attach a copy of your birth certificate as it is needed for national registration purposes)

If your child is chosen to be part of a team, are you willing to facilitate their attending the event?

Yes _____ No _____

(All athletes participating in competition **must** have own club singlet. Available to buy at training for €15.00)

Contact Details

These are important for use not only in an emergency, but also for routine updating by text message about fixture details and information regarding training.

Please indicate which number you wish to have club texts sent to

PS, competition entries will be conducted through text, please respond ASAP on receipt of text if you wish child to be entered.

We will put both numbers on club texting list, unless otherwise indicated

Contact Name 1 _____ Mob No _____ Info text Y ☐ N ☐

Contact Name 2 _____ Mob No _____ Info text Y ☐ N ☐

Email Address _____

Family Doctor _____ Tel No: _____

In the event of illness having parental responsibility, I give permission for medical treatment to be administered where 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

List any illnesses/conditions the coaches should know about: _____

Continued over page

Without volunteers Bandon Athletic Club would not be able to function. There are many roles available within the club which use a variety of skills. Whilst experience of athletics would be wonderful, it is not essential. If you can use your skills to support and develop the club, you will find that your contribution would be much appreciated. It is not necessary to commit to a set number of hours, in fact many of the roles are on an ad hoc basis.

Please feel free to tick any/all:

Coaching (Athletics Ireland coaching will be provided)/ Supervision ☐
Catering at events/marshaling at road races & helping at competitions ☐

The promotion of the club, creating/compiling a newsletter,
press and media coverage of the club and its achievements ☐

Bandon Athletic Club Rules

1. Athletes are requested to respect their fellow athletes, competitors and coaches.
2. Athletes must listen to the coaches, and do as they are told. An athlete who repeatedly refuses to do this will be asked to leave the training session.
3. Athletes who are unable to take part in training due to injury or illness, should **NOT** attend training.
4. The use of mobile phones is **NOT** permitted during training.

Please ensure that your child understands the above rules and is prepared to abide by them prior to joining Bandon Athletic Club.

Signature of child: _____

Signature of parent: _____ Date: _____

It is important to note that the coaches give of their time voluntarily to promote athletics in their community

Photographs

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

I confirm that all the above details are correct, I hereby consent as parent/guardian to the above child (ren) participating in activities of the Bandon Athletic Club in line with the Code of Ethics for Young People. I will inform leaders of my child (ren)'s activities of any changes to the information above.

Signature: _____ **Date:** _____

(Parent/Guardian if applicant is under 18 years of age)

Annual Membership Costs: (Juvenile - €35) (Adult - €45) (Family Membership - €110)

Production of Athletics Ireland Membership Card entitles you to 10% discount in Woodies DIY & Welch Sports

Received on behalf of Bandon Athletic Club €_____ Signed _____

Bandon Athletic Club has a clear non-discrimination policy on membership