

Craughwell Athletic Club

Application for Juvenile/Junior Membership 2011/12

Application for membership is open to children in first class or older. Unfortunately, the club cannot accept applications from children younger than this. This form should be used for children and teenagers (u20 at end 2011) who wish to apply for membership of Craughwell Athletic Club and the Athletic Association of Ireland (AAI) for the year 2011/12. Please use separate form for each person if parent/guardian contact details are different.

Section A - Member Details:

Name	Date of Birth	Any medical conditions/allergies that the club should be aware of
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Section B - Parent/Guardian Contact Details:

Name:	Mobile Phone:
Email:	Home Phone:
Postal Address:	

Section C - Secondary Contact Details (in case of emergency):

Name:	Mobile Phone:
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Section D – Registration Details:

Application forms should be returned as soon as possible to the Club’s Registrar by post (Alison Finn 087 6626040, Post: “Oakwood”, Ballywinna, Craughwell, Co. Galway) or at a training session to a coach. Please include the following with your application: -

- 2 photocopies of the applicant’s birth certificate or baptismal certificate (if the applicant was already registered with the club in previous years, this is not necessary).
- Membership fee which is **€75 per athlete for 12 months** or €200 for 3 or more juveniles from the same family (includes cost of registration, equipment costs, astroturf/hall rental and competition entry fees).

The membership fee is considered very good value as different age groups receive between 1 and 3 training sessions each week at different times of the year.

Section E – Parental/Guardian Consent:

The following statements should be read and signed by the parent/guardian whose name and address were provided in Section B above.

- I wish to enroll the above-named children/youths as members of Craughwell AC.
- In the event of an emergency and I cannot be contacted, I give my permission for the above-named children/youths to be brought to a suitably qualified medical practitioner to provide emergency treatment or medication.
- I wish to confirm that, when selected, the above-named children/youths will participate in athletics competitions organised by or for the club during the year.
- I understand that, due to the large numbers involved and due to the commitment required by club officials, the club cannot undertake to train non-participating athletes on an on-going basis.
- I understand that photographs/videos will be taken during or at events in which the club participates and may be used for the sole purpose of promoting athletics.
- I understand that children are to be dropped to the gate of the astroturf and collected in the same place and that they are not allowed to go to or be collected at the playground during or after athletics unless accompanied by their parent.

Parent/Guardian Signature:

Date:

Willing to help supervise sometimes at training (yes/no):