



Cilles Athletic Club Membership Application & Health Screening Form 2020

Section 1. (Must be completed in all cases)

Membership type <i>(Please tick one only)</i>		
1 Adult Member	<input type="checkbox"/>	1 Juvenile Member
2 Adult Members	<input type="checkbox"/>	2 Juvenile Member
<i>Family Membership</i> <input type="checkbox"/>		

Section 2. (Must be completed in all cases)

Main Applicant - Adult or Juvenile (BLOCK CAPITALS PLEASE)			
Name:		DOB:	____/____/____
Address		Phone: (Parents if Juvenile)	
		M / F	
NB Emergency Contact:			
*Email Address (Parents if Juvenile)			

Section 3. (Must be completed for family membership)

Family Membership (BLOCK CAPITALS PLEASE)				
Applicant	Name	DOB	M / F	Competing Y/N
Adult No. 2				
Child No. 1				
Child No. 2				
Child No. 3				

Data Protection and GDPR.

The Club takes the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with data protection legislation. When you become a member of or renew your membership with the Club you will automatically be registered as a member of Athletics Ireland. Access to the AI Club Privacy Policy and Privacy Statement at <http://www.athleticsireland.ie/clubs/gdpr>. Please read the Privacy Policy and Privacy Statement carefully to see how the Club stores, manages and deletes your personal information.

Consent to receive information relating to my membership - As part of your membership we would like to contact you with details of meetings, events, competitions and other information relating to your membership of the club.

- I would like to receive information via email or SMS from the Club or Athletics Ireland to keep me informed about details of meetings, events, competitions and other information related to my membership

OR

- I do not want to receive any information via email or SMS from the Club or Athletics Ireland



Photography and film consent- The Athletics Ireland photography policy is available on www.athleticsireland.ie. As far as is possible the club will not allow photographs, video or other images of children/young people to be published without the consent of the parents/carers and children/young people.

- I confirm that I give permission for my child to be filmed and/or photographed during an athletic event or competition for the sole purpose of the promotion of the sport
- I do not give permission for my child to be filmed and/or photographed during an athletic event or competition

You can access the Athletics Ireland Privacy Policy and Privacy Statement at - <http://www.athleticsireland.ie/about/gdpr/>

Membership forms are held by the Club for 1 year prior to being destroyed and stored for three years on the Athletics Ireland membership database before being securely deleted. If you have any questions about the continuing privacy of your personal data when it is shared with Athletics Ireland, please contact dataprotection@athleticsireland.ie

Cilles AC Rules

1. Completed application form & fee to be returned to committee member before athlete commences training
2. All members are expected to attend races throughout the year for the club, a list of events will be published in advance
3. Club vests must be worn during all races. These will be available to be purchased from the Club
4. Members should not attend training if they are suffering or recovering from illness or injury
5. Any health condition that could affect a member while training must be brought to the attention of the coaches. (Asthma sufferers must bring inhalers to training and races)
6. Members will endeavour to help out and take part in fundraising activities for the club
7. Members will respect fellow athletes, coaches and officials from our club and other clubs & ensure that new members are always welcomed to the club

Declaration	
<p>I confirm that I have read and agree to abide by the rules and policies of the club. I understand that the club, its coaches, its members and committee shall not be held responsible for any accidents or injuries sustained by me or other applicants identified on this form, from any cause whatsoever or however arising, or for any property mislaid or stolen in the club or its environs.</p>	
<p>Completed forms to be signed and returned to the Club Registrar or any Committee member.</p>	
<p><i>FOLLOW THE MEMBERSHIP LINK TO PAY ONLINE NO CASH OR CHEQUES ACCEPTED</i></p>	
Signed:	Date:

Office Use Only			
Input <input type="checkbox"/>	Date:	Life Reg Number	



HEALTH SCREENING AND ATHLETES PROMISE

Member Medical History - Name: _____

Please provide details of any know allergies and medical conditions the member has.

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

Drug Testing:

Membership of Athletics Ireland means that all athletes may be chosen for testing. Your membership of Athletics Ireland commits you to agreeing to testing and in the case of a Child (U/18) the prior written consent of the parent or guardian is required via the initial membership process at Club level, or at selection for competition or through competition entry forms. All club personnel have a responsibility to ensure that club members are aware of the Irish Anti-Doping Rules and that there is an atmosphere supporting a drug free sport within the club. A complete copy of the Irish Anti-Doping Rules is available through the Athletics Ireland website. Once you become a member of Athletics Ireland and enter a competition you are accepting the fact that you could be drug tested.

Signature of Athlete - _____

Juvenile Consent - 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 children's activities of any changes to the information above.

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.

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

Emergency contact details (if different from above): _____ **Ph:** _____

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.

I agree to abide by the code of conduct for children and athletes

Athlete signature(s): _____