

St Catherine's A.C Registration Form

Fees: Adult €20, Child €15 (€10 for 3rd, 4th child in family)

Athletes (PTO for additional Athletes)

<u>Name</u>	<u>Date of Birth</u>	<u>Male/Female</u>	<u>County of Birth</u>	<u>Previous Club (if new member)</u>
<u>Medical History (allergies, conditions etc)/ Special Needs</u>				

<u>Name</u>	<u>Date of Birth</u>	<u>Male/Female</u>	<u>County of Birth</u>	<u>Previous Club (if new member)</u>
<u>Medical History (allergies, conditions etc)/ Special Needs</u>				

<u>Name</u>	<u>Date of Birth</u>	<u>Male/Female</u>	<u>County of Birth</u>	<u>Previous Club (if new member)</u>
<u>Medical History (allergies, conditions etc)/ Special Needs</u>				

Contact Information

<u>Address</u>		
<u>Home Tel</u>	<u>Mobile Tel</u>	<u>Email</u>

Parental/Guardian Consent

<p>I am the Parent/Guardian of the above listed child(ren).</p> <p>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 authorize a qualified medical practitioner to provide emergency treatment or medication.</p> <p>I understand that photographs will be taken during, or at, sport related events and may be used in the promotion of the sport.</p> <p>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.</p> <p>I agree to abide by the "Code of Conduct for Parents/Guardians" guidelines issued by the club.</p> <p>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.</p> <p><u>Signature</u> <u>Date</u></p>

Additional Athletes

<u>Name</u>	<u>Date of Birth</u>	<u>Male/Female</u>	<u>County of Birth</u>	<u>Previous Club (if new member)</u>
<u>Medical History (allergies, conditions etc)/ Special Needs</u>				

<u>Name</u>	<u>Date of Birth</u>	<u>Male/Female</u>	<u>County of Birth</u>	<u>Previous Club (if new member)</u>
<u>Medical History (allergies, conditions etc)/ Special Needs</u>				

<u>Name</u>	<u>Date of Birth</u>	<u>Male/Female</u>	<u>County of Birth</u>	<u>Previous Club (if new member)</u>
<u>Medical History (allergies, conditions etc)/ Special Needs</u>				