

**Application Form for new Junior Members**

Contact Information

Name:

Gender:

Address:

Telephone – Home:

Telephone – Mobile:

E-mail:

Date of Birth:

Medical History Information (details of any known allergies, conditions, medications)

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.

Other Information:

Any other additional information requirements or directions that would be helpful for leaders know about:

Parental/Guardian Consent

I am the Parent/Guardian of:

Photographs

I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport. That they will be stored safely and used for only the agreed purposes. That only authorised persons will take such photographs

Drug Testing (for elite players only)

I give permission for my child(ren) to be tested for prohibited substances in accordance with Sport Irelands Anti-Doping Rules (where applicable).

I hereby consent to the above child participating in activities of the organisation in line with the Sport Ireland’s Safeguarding Guidance for Children and Young People in Sport. 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 to participate in and travel to all activities.

Signature:

Signed Name: