

WESTPORT ATHLETIC CLUB ANNUAL MEMEBERSHIP

Athlete Information

Name: _____

Address: _____

Date of Birth: / / Gender: Male Female

Mobile phone number (if over 18): _____

Email address (if over 18): _____

Second Child (if applicable)

Name: _____

Date of Birth: / / Gender: Male Female

Third Child (if applicable)

Name: _____

Date of Birth: / / Gender: Male Female

Parent/Guardian Information (if athlete is under 18)

I am the Parent/Guardian of _____

Name: _____

Address: _____

Mobile phone number (for emergencies): _____

Email address (for email updates): _____

(Event notices will be sent by sms text and/or email)

Membership Fees – Please tick the membership category that applies to you

New Member.....€60 per annum

Renewal Individual€50 per annum

Family.....€85 per annum

Club Singlet€10

(Mandatory for competitions. Subsidised by Westport AC)

Important:

Please select which role you can assist with

- Social Media Officer
- Greenway supervision
- Bucket/ Church Gate Collection
- Traffic Management at the Track
- Supervision on the gate when training is finished

Westport Athletic Club is run by volunteers. For the club to continue to run successfully, we need more parents to get involved

Medical History

Please provide details of any known allergies and medical conditions the member/s have.

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

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 authorise a qualified medical practitioner to provide emergency treatment or medication.

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

Photographs and Film

I understand that photographs or film may be taken during or at sport related events and may be used in the reporting or promotion of the sport. If you do not wish your child to be photographed or filmed please advise the club Children’s Officer.

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 Westport Athletic Club 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 (ren) to participate in all activities of Westport Athletic Club.

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

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 Westport Athletics Club.

I agree to abide by the code of conduct for children and athletes, which I have read and understand.

(Please see www.westportac.ie for Athletes Code of Conduct)

Athlete signature(s): _____

(Please refer to Westport Athletic Clubs Privacy Policy & Statement on www.westportac.ie in relation to data collected)