|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| For club use, club officials please tick boxes as completed.: | Date Paid |  | AAI Registration |  | Database |  |

### ATHLETE - PERSONAL DETAILS:

Athletes name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents e-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s mobile no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*When you become a member of or renew your membership with Clones Athletics Club you will automatically be registered as a member of Athletics and in order to facilitate this, we will provide Athletics Ireland with your personal data on their secure online membership database. This data will be used for competition entries to national/regional competitions and to track your membership of the club.*

**MEDICAL DETAILS:**

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state if your son/daughter suffers from any medical conditions e.g. Asthma, Allergies, Bronchitis, Diabetes, Epilepsy, etc.?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state if he/she is taking medication and specify? (If yes, please ensure that he/she brings the necessary medication to training and competitions)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you feel the coaches should be aware of (other special needs, requirements or directions)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT (FOR ATHLETES UNDER THE AGE OF 19)**

* I attach herewith the membership for my child for the balance of 2020 - €25.00
* I understand the personal data on this form will be used by Clones Athletics Club and Athletics Ireland for the contractual purpose of registering (or re-registering) and maintaining my child’s membership
* I understand that the personal data on this form will also be used for administrative purposes to maintain my child’s Membership including registrations, event registration, disciplinary matters, injury reports, club announcements and training updates, transfers and for statistical purposes.
* I am aware that my child’s photograph or video image may be taken whilst attending or participating in training or competition connected with Clones Athletics Club or Athletics Ireland for items like, website, event reports, social media channels associated with the Club or Athletics Ireland. In line with child protection policies, juveniles in photographs will never be named.
Please answer **YES** if you consent to this photograph policy?
* **Clones AC** takes your privacy seriously and will only use information gathered in relation to our members that meets the specific responsibilities as set out in General Data Protection Regulations. However, from time to time we would like to contact you with details of training, fixtures, events, competitions and other information regarding the club. If you consent to us contacting you for these purposes please tick to say how you would like us to contact you (Please answer YES or NO to all that we can use to contact you)

**Email** **Phone** **Text** **Via An App**

* I understand that I can resign my child’s Membership by writing to Clones Athletics Club or Athletics Ireland and all Personal Data relating to me and your child will then be erased.
* I understand that the Personal Data will be retained by the Club and Athletics Ireland for such period as my child’s membership exists and for a 3-year period after membership lapses.
* I understand that if I do not provide my Personal Data, my child’s Membership cannot be registered with Clones Athletics Club and Athletics Ireland.
* I understand that I can withdraw my consent at any time by writing to the Club or Athletics Ireland.

I am the Parent/Guardian of (Athlete’s Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of illness, having parental responsibility, I give my permission for medical treatment to be administered to my child 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.

I hereby consent to the above child 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.

**Signed Parent/Guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME:**

**Juvenile Membership for 2020 - €25.00 with a discount of €5.00 for each additional family member**

*Membership fee covers affiliation to Athletics Ireland including insurance. The first training session attended is considered a “taster” and so membership should be paid on the second training session attended if the athlete has decided to continue.*

***Membership Fee payable to Club Account***

***Acc No****. 28728706*

***Branch Code*** *903306* ***IBAN:*** *IE 34BOFI90330628728706 BIC BOFIIE2D*

**CODE OF CONDUCT FOR YOUNG ATHLETES**

I have read and I understand Clones Athletic Club’s Code of Conduct for Young Athletes, with my parent(s), and I agree to respect the guidelines and code at all times when training or at events with the club.

**Signed by Athlete:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CODE OF CONDUCT FOR PARENTS**

I am the Parent/Guardian of **( Athlete’s Name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and I understand Clones Athletic Club’s Code of Conduct for Parents and I agree to respect and abide by the guidelines and Code at all times.

I understand that photographs will be taken during or at, sport related events and may be used in the promotion Clones Athletic Club.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(*Parent/Guardian)*****Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

. All athletes, coaches and parents within the club are bound to this code of conduct