

JUNIOR MEMBERSHIP APPLICATION

Name	Date of Birth
Address	Home Phone
Email Address	Mobile Phone
	Parent / Guardian
	Contact No
	Email

MEMBERSHIP TYPE		
(tick as appropriate)		
Life	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Adult	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>
Child (under 18)	<input type="checkbox"/>	<input type="checkbox"/>
Trial (4 Weeks)	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL HISTORY
(details of any known allergies, conditions, medications and injuries)

In the event of illness, having parental / guardianship 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.

OTHER INFORMATION
Any other special needs, requirements or directions that would be helpful for the club to know about:

PHOTOGRAPHIC POLICY
Photography and Video are important methods of documenting activity and promotion our club and sport. As a member of our club you accept that Photographs / Video may be used for these purposes.

I hereby consent to the above child participating in activities of the club / organisation in line with the code of ethics for young people. I will inform the club of any changes to the information above. I confirm that I understand that my child is expected to adhere to the clubs constitution and rules at all times when at club activities. 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 club activities. I also agree that I will abide by the Code of Conduct for Young People in Sport as Devised by the Irish Coastal rowing Federation limited I consent to myself and my child receiving text messages from the club outlining relevant club messages / updates.

We ask that parents / guardians notify the club directly of any medical conditions their child may have that they should be aware of. All club members are encouraged to participate in al the activities of the club, including games, organisation, administration and fund-raising.

Please Give Completed Form together with copy of birth cert and Three Passport Size Photographs to Club Membership officer

Signature of Parent / Guardian:	
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Date:	
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Weight of Child: _____ KG
This information is solely for the purposes of Life-jacket Fitting

CLUB OFFICIAL USE	
Approved by Club on	
Membership No.	