

Drogheda & District AC Juvenile Registration

Name	Male/Female	Date Of Birth
Address		
Telephone Home:	Mobile No (in case of emergency):	
Email		
Medical History (details of any known allergies, conditions, medications)		
Other information (any special needs, requirement sor directions that would be helpful to know)		

I am the parent/guardian of _____

In the event of illness and having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by a suitably qualified medical practitioner. If I cannot be contacted and my child needs emergency treatment, I authorise a qualified medical practitioner to provide emergency treatment and/or medication.

Photographs

I understand that photographs will be taken during/or at sport related events and may be used for the promotion of sport.

Drug Testing (for elite athletes)

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

I acknowledge receiving a copy of the Code of Conduct of Drogheda and District Athletic Club and I hereby consent to the above child(ren) participating in the activities of the organisation in line with the Code of Conduct of Drogheda and District Athletic Club and the Code of Ethics for Young People.

I undertake that I will assist with club activities, as requested by club officials and this may include assisting with the coaching team and/or supervising training sessions

I will inform the leaders of my child(ren)'s activities of any changes to the information above.

Signed: _____

Print Name _____ Date _____