MARIAN ATHLETIC CLUB

**marianathleticclub1@gmail.com**

**MEMBERSHIP FORM** [PLEASE COMPLETE IN BLOCK CAPITALS]

|  |  |
| --- | --- |
| Athlete Name |  |
| Address |  |
| DOB |  |
| E mail address (if over 18) |  |
| Mobile phone number (if over 18) |  |
|  |  |

**Additional Athletes:**

|  |  |
| --- | --- |
| **Athlete No 2** | |
| Athlete Name |  |
| DOB |  |
| E mail address (if over 18) |  |
| Mobile phone number (if over 18) |  |
| **Athlete No 3** | |
| Athlete Name |  |
| DOB |  |
| E mail address (if over 18) |  |
| Mobile phone number (if over 18) |  |

**Parent/Guardian Information (if athlete(s) is under 18)**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Mobile phone number (for emergencies) |  |
| E mail address |  |

**Please Note: Event notices will be sent by email and posted on the club Facebook page**

**Membership Fees -** Please tick the membership category that applies to you

**One Child (u18) €40 per annum Two Children (u18) €70 per annum Family (3 or more members) €80 per annum Adult Membership €40 per annum**

**Bank Details: IBAN: IE77BOFI90421091571430 Bic: BOFIIE2D A/c Marian Athletic Club,**

**Bank Of Ireland, Bank Place, Ennis, Co. Clare**

**Additional club membership information**

**Medical History**

Please provide details of any known allergies and medical conditions the athlete(s) have.

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

Please provide details of any medication that may be relevant to Anti-Doping regulations. If you are unsure, please speak with any of our coaches who will advise you further.

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

Please provide details of any other special needs or any specific physical requirements that any of the athlete(s) have.

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------------------

Are there any additional directions that would be helpful for coaches?

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------

**Consent and Code of Conduct**

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.

Membership of Athletics Ireland means that all athletes may be chosen for drug testing. Your membership of Athletics Ireland commits you to agreeing to testing and in the case of a Child (U/18) the prior written consent of the parent or guardian is required via the initial membership process at Club level, or at selection for competition or through competition entry forms. Once you become a member of Athletics Ireland and enter a competition you are accepting the fact that you could be drug tested. [A complete copy of the Irish Anti-Doping Rules is available through the Athletics Ireland website.]

**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 the club.

I agree to accept coaching from the club and to behave in an appropriate way at all times.

I agree to help out and take part in fundraising activities for the club. I agree to abide by the code of conduct for children and athletes

The above athlete(es) will compete in a minimum of 4 athletics events each year with the agreement of the relevant coach.

The advice of the coaches will be respected and taken by athletes at all times.

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

**□** *(please tick here)* **I agree to the use and retention of the details above by Marian AC for the purpose of the administration of the Club.**

**Signature of Parent/Guardian:**

**Date:**

**PLEASE NOTE:**

Visit the website [www.marianac.com](http://www.marianac.com/) on a regular basis or follow us on Facebook for the latest information on all the club's activities.

Email is our primary form of communication to all members for upcoming events, details on entries and competition results. Where email is not available please let the club secretary and relevant coach(es) know.

Membership Covers: AAI Registration, Insurance, Competition Entry Fees to Championship Events (apart from county championships), Track Rental & Bus Subsidisation

Athletes whose membership is not up to date are not entitled to train with the club and will not be entered in competitions.

The Club reserves the right to terminate the membership of athletes who do not fulfil training and competition requirements.

[**marianathleticclub1@gmail.com**](mailto:marianathleticclub1@gmail.com)