



## JUVENILE MEMBERSHIP AND MEDICAL FORM

The following information is required to ensure that Bray Runners Athletic Club meets the specific requirements for all registered athletes. Information submitted on this form will be held in confidence.

***I give permission for my child to attend for training and playing sessions.***

Child's Full Name: \_\_\_\_\_

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Male / Female (Please circle)

Home Tel: \_\_\_\_\_

Alternative contact number(s) (1): \_\_\_\_\_ (2): \_\_\_\_\_

Details of any known allergies, conditions, medication being taken:

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any other special needs, requirements or directions that would be helpful for the coaches to know about:

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I Parent/Guardian will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary. If I

cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that **Bray Runners Athletic Club** has developed a child protection policy & they are committed to ensuring the safety of my child/children by having;

- A coach's/volunteer's charter.
- Clear recruitment policy which includes vetting all coaches & volunteers
- An anti-bullying policy
- Disciplinary procedures
- A designated person for child protection
- Guidelines on confidentiality
- A transport policy

**Bray Runners Athletic Club** is committed to ensuring that any information gathered in relation to our youth programme meets the specific responsibilities as set out in the Data Protection (Amendment) Act 2003. The Committee will store the above information in confidence on the Bray Runners database.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Child/Young Persons Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Parent/Guardian Signature\* \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Please note that the person signing the parent/guardian section must ensure they have parental responsibility for the child.

For office use

Received by

Date / /

*Please return completed form with appropriate fee to Bray Runners AC C/o 14 The Nurseries, Killarney Rd. Bray. Co. Wicklow. Ireland.*