

Cilles Athletic Club Membership Application Form 2017

Section 1. (Must be completed in all cases)

Membership type (Please tick one only)

1 Adult Member €80
 1 Juvenile Member U18 €55
 Family Membership Fee €_____
2 Adult Members €140
 2 Juvenile Member U18 €100
 See www.cillesac.ie for family options

Section 2. (Must be completed in all cases)

Main Applicant - Adult or Juvenile (BLOCK CAPITALS PLEASE)

Name:		DOB:	___/___/_____
Address		Phone:	
		(Parents if Juvenile)	
		M / F	
Email Address <small>(Parents if Juvenile)</small>			

Section 3. (Must be completed for family membership)

Family Membership (BLOCK CAPITALS PLEASE)

Applicant	Name	DOB	Male / Female
Adult No. 2			
Child No. 1			
Child No. 2			
Child No. 3			
Child No. 4			

Rules

1. Completed application form & fee to be returned to committee member before athlete commences training
2. Subscriptions may be required if rental of facilities are used i.e. School hall , Track & Field sessions
3. All members are expected to attend races throughout the year for the club, a list of events will be published in advance
4. Club vests must be worn during all races. These will be available to be purchased from the Club
5. Members should not attend training if they are suffering or recovering from illness or injury
6. Members must have health clearance from a medical professional to participate in athletics
7. Any health condition that could affect a member while training must be brought to the attention of the coaches. (Asthma sufferers must bring inhalers to training and races)
8. Members will endeavour to help out and take part in fundraising activities for the club
9. Members will respect fellow athletes, coaches and officials from our club and other clubs
10. Members will ensure that new members are always welcomed to the club

Declaration

I agree to abide by the rules and policies of the club. I also understand that the club, its coaches, its members and committee shall not be held responsible for any accidents or injuries sustained by me or other applicants identified on this form, from my cause whatsoever or however arising, or for any property mislaid or stolen in the club or its environs. I agree to allow photographs and videos of myself in training and competition to be taken occasionally and posted to the Club's website.

Signed for and on behalf of all on form:

Date:

Pay online at cillesac.ie , Cash accepted, Cheques made payable to Cilles Athletic Club

Completed forms to be signed and returned to a committee member or to the following

*Olivia O'Rourke, 1 The Crescent, Sevitt Hall, Bettystown, Meath
(Please do not post cash) Can be paid Online at www.cillesac.ie*

Office Use

Paid in Full <input type="checkbox"/>	Date:	Membership #	
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