



Portlaoise Athletic Club



Membership Registration Form 2017

Email: portlaoiseac@gmail.com
Web: www.portlaoiseathleticclub.com

MEMBERSHIP (Please Tick One)

Category	Fee	
Juvenile/Student	€25.00	<input type="checkbox"/>
Adult	€50.00	<input type="checkbox"/>
Committee Member	€40.00	<input type="checkbox"/>
Family (Max. 2 Adults 2 Children)	€80.00	<input type="checkbox"/> €20.00 for each additional child

NAME/S	DATE OF BIRTH	GENDER
1 _____	DD / MM / YYYY	Male <input type="checkbox"/> Female <input type="checkbox"/>
2 _____	DD / MM / YYYY	Male <input type="checkbox"/> Female <input type="checkbox"/>
3 _____	DD / MM / YYYY	Male <input type="checkbox"/> Female <input type="checkbox"/>
4 _____	DD / MM / YYYY	Male <input type="checkbox"/> Female <input type="checkbox"/>
5 _____	DD / MM / YYYY	Male <input type="checkbox"/> Female <input type="checkbox"/>

N.B First time Juvenile members must provide a copy of their Birth Certificate

ADDRESS	CONTACT DETAILS
_____	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	Home <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	Email <input type="text"/>
_____	Family Doctor's No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FOR PARENTS/GUARDIANS OF JUVENILE ATHLETES ONLY

Does your child have any illness that the club should know about? If so, please provide a brief description

DECLARATION

I acknowledge that photographs/videos taken during sport-related events are the property of Portlaoise AC and I consent to their use by Portlaoise AC for analysis and the promotion of the sport and to include them on the Portlaoise AC website and Facebook page.

By becoming a member of Portlaoise Athletic Club, athletes accept that they may be drug tested as per AAI Guidelines. Parental consent is required for Juvenile athletes.

I hereby agree, if accepted as a member of Portlaoise AC, to abide by the club rules and regulations. I also give permission for the club to seek medical attention for me in the event of an emergency or accident.

Signed Date DD / MM / YYYY

Don't forget to visit our Facebook pages and website on a weekly basis for the latest information on upcoming events, competitions, results and photographs