

Kilmore Athletic Club Registration Form 2021

Please read and tick the boxes:

I wish to register myself/child for Kilmore Athletic Club 2020 competition year.

Upon registering I understand that I or my child are required to compete in the County Track and Field (May) and County Cross Country (October) and any Lenister or National level competition if qualified in line with the code of ethics of young people.

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. We will need your consent for same.

NAME: 1st Child _____ DOB: _____

2nd Child _____ DOB: _____

3rd Child _____ DOB: _____

Adult name: _____ DOB: _____

Address: _____

Parent/Guardian Name(U/18): _____

Contact No: _____

Email: _____

Emergency Name _____ Contact No. _____

Any Medical Issues: _____

Medication: _____

Allergies: _____

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

Please tick the relevant box below:

Registration Fee: Juvenile: €20 Adult: €30

Signature: _____ Date: _____

