



We are pleased to welcome you to St. Joseph's Athletic Club. You must complete this application form and return it to the club.

Name	Date of Birth	M/F	
<b>Address:</b>			
<b>Email:</b>			
<b>Contact Phone Number:</b>			
<b>Join Club Text Messaging contact list</b>	<b>Yes</b>	<b>No</b>	
<b>Join Club Whatsapp Messaging contact list</b>	<b>Yes</b>	<b>No</b>	
<b>Medical permission</b>	I consent that in the event of any injury or illness, all reasonable steps will be taken to alert my emergency contact(where necessary) and I give permission for the club and/or any medical authorities to administer as appropriate or necessary	<b>Yes</b>	<b>No</b>
<b>Keep club updated</b>	I understand it is my responsibility to keep the club updated with all relevant details	<b>Yes</b>	<b>No</b>
<b>Image Consent</b>	I consent to the club using appropriate images and photos for the purpose relating to the promotion and marketing of the club	<b>Yes</b>	<b>No</b>
<b>Volunteering</b>	I would like to volunteer in a capacity with the club	<b>Yes</b>	<b>No</b>
<b>Data Protection and GDPR</b>	I consent to my data being held by the club and shared with Athletics Ireland for the purposes of membership and understand all data will be processed in accordance with the data protection acts 1998 to 2018	<b>Yes</b>	<b>No</b>

By returning this completed form, I agree to participate responsibly in the activities of the club and understand that if I break any of the clubs code of conduct, I may be subject to disciplinary action.

Signature: \_\_\_\_\_

Or

Signature Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_