



Galway Speeders Club

Membership and Consent Form

This form is to be used only for participant members **under 18 years of age**.

Member Details (under 18) (please print in BLOCK capitals)

Forename: _____ Surname: _____ Male/Female: _____

Date of Birth (Mandatory): _____

Details of known Allergies, Conditions, Medications being taken:

Wheelchair User?

Yes/No

Parent or Guardian;

Your Contact details are **MANDATORY**. Please fill in below in BLOCK Capitals.

Forename: _____ Surname: _____ Male/Female: _____

Mobile Number (Mandatory): _____

Email (Essential for club news): _____

Address: _____

DATA PROTECTION

Galway Speeders Club is committed to ensuring it meets the specific responsibilities set out in the Data Protection (Amendment) Act 2003.

PERSONAL ACCIDENT INSURANCE

Galway Speeders Club does not provide **Personal Accident** Insurance for members.

Additional Emergency Contact Person. Please fill in below in BLOCK Capitals.

Forename: _____ Surname: _____ Relationship: _____

Mobile Number (Mandatory): _____

PARENT / GUARDIAN DECLARATION

I have been made aware that Galway Speeders Club has developed a Child Protection Policy and that they are committed to ensuring the safety of my child by having;

- ✓ A Designated Child Protection Officer
 - ✓ A Photography Policy
 - ✓ Guideline on Confidentiality
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- I give my consent for my child to be photographed in line with this policy.
 - I 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/children, I give permission for medical treatment to be administered where considered necessary by a nominated First Aid provider, or by a suitably qualified medical practitioner.
 - 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.
 - The Parent/Guardian further confirms that the details contained herein are correct to the best of his/her knowledge; that they have parental responsibility for the member applicant and gives parental consent for the child to participate in and travel to all activities.

Any other relevant information:

PARENT / GUARDIAN SIGNATURE:

DATE: