

**SKIBBEREEN ATHLETIC CLUB**

**ADULT MEMBERSHIP FORM**

NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

(Please include a copy of your Birth Certificate if registering for the first time.)

CONTACT NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**SKIBBEREEN ATHLETIC CLUB**

**JUVENILE MEMBERSHIP FORM**

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

(Please include a copy of your child's Birth Certificate if registering for the first time.)

PARENT/GUARDIAN NAME : \_\_\_\_\_

PARENT/GUARDIAN CONTACT NUMBER : HOME : \_\_\_\_\_

MOBILE: \_\_\_\_\_

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES OR ILLNESSES: YES/NO

\_\_\_\_\_

DO YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTOGRAPH TO BE TAKEN : YES/NO

\_\_\_\_\_

DO YOU GIVE PERMISSION TO YOU CHILD TRAVELLING TO COMPETITIONS WITH  
ATHLETIC CLUB : YES/NO \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_