

Celbridge Athletic Club - Family Membership Form 2017

2 family members: Jan-Dec 2017 - €300.00 (€25.00 per month)

3 family members: Jan-Dec 2017 - €325.00 (€27.08 per month)

4 (+) family members: Jan-Dec 2017 - €350.00 (€29.16.00 per month)

Athlete (1): _____ D.O.B. ___ / ___ / ___

Athlete (2): _____ D.O.B. ___ / ___ / ___

Athlete (3): _____ D.O.B. ___ / ___ / ___

Athlete (4): _____ D.O.B. ___ / ___ / ___

Athlete (5): _____ D.O.B. ___ / ___ / ___

Address: _____

Contact No: (1) _____ (2) _____

Email Address: _____

Relevant medical info/special needs:

From time to time we may use photographs/video may be taken during or at sports related events and may be used in the promotion or reporting of sports. Please let our Child Welfare Officers Mary Dwyer (087-9959353) or Jay Carraher (086-3853916) know if you do not wish for your child(ren) to be photographed.

Drug testing (for elite athletes only)

I give permission for my child(ren) to be tested for prohibited substances in accordance with the Irish Sports Council Anti-Doping Rules (where applicable).

Signature of parent/guardian: _____

Payment can be made by cheque, cash, standing order, bank transfer or paypal.

Bank Details (for Bank transfer/standing orders)

IBAN: IE44-ULSB-9854-4925-8800-56

BIC: ULSB IE 2D

Bank: Ulster Bank, Celbridge, Co. Kildare

Paypal address:

celbridgeathleticclub@gmail.com