



JUNIOR ACADEMY



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APPLICATION FOR JUNIOR MEMBERSHIP FORM

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Age: \_\_\_\_\_

**Details of any medical conditions**

\_\_\_\_\_  
\_\_\_\_\_

**Club Policies available on website:**

Constitution, Health & Safety Policy, Equality Statement, Safeguarding Young People, Codes of Conduct for Coaches, Officials, Parents and Athletes.

Read and agreed  (please tick)

**Media Statement:** I hereby acknowledge that my child may appear in photographs or video footage in Competitions organised by Athletics NI or other organisations and give my permission for this.

Read and agreed  (please tick)

**First Aid Statement:** I hereby give permission for first aid to be carried out on my child if necessary.

Read and agreed  (please tick)

*Designated Child Protection Officers: Geraldine Hastings... 07712478801 - Marty McKay 07999390718*

Parent or Guardian

Name:  Home Tel:

Email:  Mobile:

I hereby consent for above junior to join Larne Athletic Club Junior Academy and agree to the Club Policies listed above as viewed on the website, Media Statement and First Aid Statement.

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

**Your application will be considered subject to capacity. If successful, membership fees are £10.00 payable on first attendance at the club.**

Membership is open to children of all abilities irrespective of age, race, gender, religion, ethnic origin, colour, social status, sexual orientation or disability.

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**For official use:**

Fees Paid \_\_\_\_\_ Registered on Athletics NI \_\_\_\_\_

Added to Communications \_\_\_\_\_ Registered on Active NI \_\_\_\_\_