



LAMBAY SPORTS & ATHLETICS

“LSA”

Juvenile Enrolment Form

Section 1 - Personal Details

- Please read the Lambay Sports & Athletics (LSA), Rules & Regulations below and the Code of Ethics and Practice, which are posted on the LSA website (www.lambaysportsathletics.ie), before completing this registration form.
- Please complete medical details and consent of declaration on reverse side.
- **Proof of Date of Birth must be provided on request, (i.e. photocopy of birth cert/passport), if your child intends to compete in under-age competition.**

Name: _____

Date of birth: _____

Parents/Guardians name: _____

Mobile number: (1) _____ (2) _____

Email address: _____

Address: _____

Communication: Please note that all communication; notification of events , training information / cancellations will be done **THROUGH “WHATS APP”** and will be sent to the [primary mobile number noted in slot 1](#) above.

Section 2 - Club Support

To develop our club we really need the help of the parents, we cannot do it without you.

Can you help the club out in any way? Please tick below and a member of our team will make contact with you.

Coaching Committee Club Development Support other

Section 3 - Medical Information

1. Does your child have any medical/diagnosed condition? Please circle - YES NO
If YES, please state _____
2. Does your child have any special needs that may impact their participation in training?
Please circle - YES NO.
If "YES", your child's Head Coach will contact you to discuss your child's needs. We can therefore work with you to maximise their participation and enjoyment of LSA activities.
3. I declare that my child is in good health and that I consider him/her capable of taking part in athletics.
4. I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child by a trained first aider or qualified medical practitioner.
5. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.
6. I also understand that, whilst the coaches will take every precaution to ensure that accidents do not happen, they can not necessarily be held responsible for anything lost or damaged or injury suffered by my child.
7. If my child's medical condition changes after completing this form I will inform my child's coach both in person and in writing.

Section 4 - Photography

On occasion our Coaches may take photos of their Coaching sessions, on special occasions such as Halloween or Christmas parties or at competitions to promote the club on our website or Facebook page. If you **don't** want your child's picture taken please indicate this by circling **NO**

Section 5 - Rules & Regulations

1. Only children who are registered with the club can take part in training by registered Coaches within the Club (LSA).
2. All age groups may train outside depending on the weather. Training may be cancelled due to hall space, weather conditions or inadequate Coaching numbers to train safely.
3. If a child is not turning up consistently (6 week period) a club leader will contact parents to discuss membership and intentions. If he/she is no longer interested in attending we would ask parents to consider releasing the place and make room for a child on our waiting list.
4. ***NB* All athletes need to dress warmly with adequate rain gear, as some sessions will take place outside. Athletes not in the correct footwear cannot take part in training.**

I have read, accept and agree to abide by the aforementioned rules and regulations and LSA's code of practice. All of the information detailed in this form is accurate and it is my responsibility to inform LSA of any changes.

SIGNED: _____ DATE: _____