

# Kenmare Athletic Club – Membership Form 2011

Name	Gender:      Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	Mother tel:
	Father tel:
	E-Mail:
	GP:
Date of Birth:	Emergency Contact:

## Health & Medical History

1. Does your child have any medical condition of which we should be aware?      Yes                   No

If yes, please give details below:

2. Is your child currently taking any medication?    Yes                   No

If yes, please give details below:

3. Does your child have any injuries that could be aggravated by exercise?      Yes                   No

If yes, please give details below

4. Does your child have any allergies of which we should be aware?                          Yes                   No

If yes, please give details below

5. Do you give permission for your child to receive medical attention should they require it?    Yes                   No

6. Do you give permission for your child’s photograph be used on the website and in newspaper articles?    Yes                   No

I confirm that I have completed the above questions to the best of my ability and that I have provided accurate information regarding my child's current health status.

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

### For Official Use Only

New Member                  Yes                   No   
 Birth Cert supplied      Yes                   No   
 Paid €20                      Cash                   Cheque

Date registered with AAI: