



PARK UNITED ACADEMY / SCHOOLBOYS & SCHOOLGIRLS / YOUTHS

MEMBERSHIP APPLICATION FORM AND MEDICAL QUESTIONNAIRE

Season: _____

Team/Age Group: _____

Contact Details		
Player Name:	Date of Birth:	
Address:		
A Parent/Guardian will be contacted by text in relation to training, matches and, from time to time, in relation to other club notices. Please indicate below if both parents/guardians should be contacted.		
Name:	Contact Mobile No.:	Tick to receive texts (at least 1 box must be ticked)
Mother/Guardian:		
Father/Guardian:		
Emergency Contact Person: (if parent is not available)		

Medical Check List – Please Tick	Yes	No
Does your child have any allergies (hay fever, penicillin...)?		
<i>Please specify:</i>		
Does your child have a medical condition (asthma, diabetes, Asperger Syndrome...)?		
<i>Please specify:</i>		
Is your child taking any medication at the moment?		
<i>If Yes, please specify the medication and for what condition it is being taken:</i>		
In the event of illness or injury, I authorise for medical treatment to be administered, where considered necessary, by a nominated first aider or by suitably qualified medical practitioners.		
If I cannot be contacted and my child needs emergency hospital treatment, I authorise qualified medical practitioners to provide emergency medical treatment or medication.		
Any additional relevant medical information:		

ALL INFORMATION PROVIDED WILL REMAIN STRICTLY CONFIDENTIAL

Membership Fees:

	Annual Membership Fee	Training/Match Fee	Please Tick
Academy Player	€10	€2	
Schoolboy/Schoolgirl Player	€30*	€3	
Youth Player	€40*	€3	

* includes registration with Cork Schoolboys/Schoolgirls Leagues or Cork Youth Leagues.

Medical Bills:

In the event of a child incurring an injury during the course of a Park United activity the club will pay the initial medical bill to a maximum of €100.

Travel:

I understand that my child may be required to travel to participate in matches and other club activities.

Photography:

I understand that in compliance with the Data Protection Act and Child Protection legislation and guidelines, Park United AFC will not distribute, post or publish any images of my child to, or on, any media outlet, other than the official club website or local newspaper, without my prior authorisation.

Park United AFC strongly encourages its members and supporters to also comply with this policy as they may find themselves in breach of data protection legislation should they post unauthorised images of children on public forums/sites particularly Facebook, Twitter, Snapchat and Instagram.

Contact from Manager/Coaches:

I understand that my child will not be contacted directly by Managers/Coaches. Text message in relation to training, match details and, from time to time, in relation to club information and notices will be sent to Parents/Guardians nominated in the Contact Details section on Page 1 of this Membership Application Form.

I confirm that the information given in this application form is correct, that I have read the statements above and the enclosed Code of Conduct Guidelines, and that I agree to abide by all of the rules, recommendations and conditions set out in those Guidelines.

SIGNED:

PLAYER: _____ **PARENT/GUARDIAN:** _____

DATE: _____

ADDITIONAL COMMENTS (or other information): _____

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