



# WEST WATERFORD ATHLETIC CLUB



## JUVENILE MEMBERSHIP 2018

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

(New members; please enclose copy of Birth Certificate)

Parent/Guardian phone no: \_\_\_\_\_

Any relevant medical information?

\_\_\_\_\_

Permission to seek medical attention if necessary, please tick appropriate

box Yes  No

**SUBSCRIPTION FOR THE YEAR: 1<sup>st</sup> two children €20 each**

**3<sup>rd</sup> child €10**

**Would you be happy if we use club action/group photos on our website**

**YES  NO**

**Parent / Guardian signature \_\_\_\_\_**