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**IRISH TENPIN BOWLING ASSOCIATION**

**JUNIOR MEMBERSHIP APPLICATION FORM 2024/2025**

**CONTACT INFORMATION**

Bowler’s name:

Current address:

Eircode: Phone: Mobile:

Date of Birth: Male/Female: Nationality:

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Category: Junior (Ages 13 to 18 on 1st September 2024) Bantam (Age 12 & Under on 1st September 2024)

**MEDICAL HISTORY** *(details of any known allergies, conditions, medications)*

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by a suitably qualified medical practitioner. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**OTHER INFORMANTION** *(Any other special needs, requirements or directions that would be helpful for leaders to know)*

**PARENTAL / GUARDIAN CONSENT:**

I am a parent/guardian of:

**Photographs**

I understand that photographs will be taken during or at sport related events and may be used in the promotion of the sport.

I consent to photos of my child being used in printed and online publicity. Please tick the box to confirm your consent.

**Drug Testing**

I hereby consent for my child to be tested for prohibited substances in accordance with the Sports Council Anti-Doping Rules (where applicable)

I hereby consent to the above child participating in events for the Irish Tenpin Bowling Association in line with the Code of Ethics for young people.

I will inform the leaders of my children’s activities of any change to the information above.

I confirm that all details are correct, and I am able to give parental consent for my child to participate in and travel to all activities.

**I acknowledge that I have read, understand, and accept the General Code of Conduct and I agree to be bound by the areas set out in the General Code of Conduct while participating or attending the sport in any capacity.**

Parent/Guardian Signature:

Parent/Guardian name: date:

Applicants Signature: date:

**GENERAL DATA PROTECTION REGULATION:**

**The ITBA take your privacy seriously and will only use your personal information to administer your membership. By completing this membership form you consent to us using your personal information for this purpose. We will never pass your information to anyone. However, from time to time we would like to contact you with details of our upcoming competitions,**

Parent/Guardian

**If you consent to us contacting you as above, please tick the GDPR box to confirm.**

**COMPLETED FORM TO BE RETURNED TO JUNIOR SUB COMMITTEE WITH €15, - MEMBERSHIP FEE.**

**OFFICIAL USER ONLY Membership Number:**