

APOLLO CYCLING TEAM

MEMBERSHIP FORM

Name:

Date of birth:

Mobile:

Phone:

Current address:

City:

County:

Post Code:

Do you have any Medical Conditions:

YES/NO:

email address:

Please State Medical Condition:

EMERGENCY CONTACT

Name:

Address:

Phone:

City:

County:

Post Code:

Relationship:

(NEW MEMBERS) REFERENCES

Name

Address

Phone

SAFEGUARDING POLICY

It may be necessary for background checks to be completed i.e. Access Ni.

Do you agree for this to happen:

YES / NO:

Apollo may post pictures of you and/or your children to various social media sites:

Do you Agree for this to happen:

YES / NO:

Do you have any convictions that prevent you having contact with children under the age of 18:

YES / NO:

Have you ever been denied membership to any other sports club:

YES / NO:

If yes please state the reason:

SIGNATURES

By signing this application, you agree to abide by the constitution of Apollo Cycling Team and all other policies that are implemented. (type full name if filled in electronically)

Signature of applicant:

Date:

Signature of Parent/Guardian if applicant is under 18 years old:

Date:

Committee Approval:

Date:

Membership fee Paid: YES / NO

Date:

Cycling Ireland Paid: YES / NO

Date: