

CHILD MEMBER APPLICATION FORM
(to be completed for each child attending, including siblings)
ARCH CLUB KILKENNY

Name:	Surname: _____ Mother's Name: _____ Father's Name: _____
Address:	_____ _____ _____
Telephone:	Home: _____ Mobile Mother: _____ Mobile Father: _____
Email Address:	
Child with Special Needs:	Name: _____ Date of Birth: _____ Details of special needs i.e. Autism Spectrum Disorder, Cerebral Palsy, Down Syndrome etc. _____ Does your child have any particular behavioural issues, fears or phobias that the Club should be aware of e.g. fear of loud noises etc: _____ _____

Siblings (if interested in participating in Club:	Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____
Health details:	Are there any special health or dietary details that the Club should be aware of (for ANY of your children who may be attending the Club): Childs Name: _____ Health detail: _____ Childs Name: _____ Health detail: _____
Medication:	Do any of your children take regular medication that the Club should be aware of? If yes: Childs Name: _____ Medication: _____ Childs Name: _____ Medication: _____

How did you hear about the Arch Club Kilkenny?

I give permission for parents on duty at the Club to administer basic First Aid to my child(ren) e.g. use of plaster, savlon, arnica etc. Please circle your response:

Yes

No

I give permission for my children's photographs to be used in the Arch Club materials e.g. national or local newsletter, newspaper, website, clubs facebook page etc. Please circle your response:

Yes

No

Parent/Guardian's signature: _____

Date: _____

Parents/Carers are expected to volunteer their time for the Clubs activities on a Saturday. However, this will be subject to the amount of volunteers the Club has at any one time. Ideally, in time and with sufficient volunteers this should only be required of you on a rota basis. Please indicate your willingness to do so.

Yes

No