

**Celtic/DCH Athletic Club**  
**Application/Registration Form**  
**January – December 2019**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

County/Country of Birth: \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Parent/Guardian or Athlete if under 18: \_\_\_\_\_

Signature of athlete if over 18: \_\_\_\_\_

***N.B Any athlete who has a medical condition that may be brought on or aggravated by exercise or physical activity should notify their coach before commencing training.***

**Fee:**

- €55 for new members
- €35 for renewals
- Family of 3 or more €90 Membership fee includes registration, insurance and entry fees to all Championship races.

**Please complete this form and return it to any of the coaches as soon as possible**