

Celtic/DCH Athletic Club
Application/Registration Form
January – December 2020

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.