



APPLICATION FORM

For

Hosts / Hostesses

Attach photo here

Name: _____

Address: _____

Date of Birth: _____ E-mail: _____

School: _____ Mobile: _____

Gender: _____

Next of Kin/Parent/Guardian _____

Club Rules:

- MEMBERS OF THE CLUB MUST BE 15 YEARS OF AGE OR OVER AND IN POST PRIMARY EDUCATION.
- GOOD CONDUCT IS EXPECTED OF ALL MEMBERS
- THE USE OF ALCOHOL & DRUGS IS STRICTLY FORBIDDEN.
- RACIST COMMENTS, HOMOPHOBIC BULLYING AND ANY OTHER DISCRIMINATORY PRACTICE IS STRICTLY FORBIDDEN.

IN APPLYING FOR MEMBERSHIP I HAVE READ AND UNDERSTAND THE CLUB RULES, AND I HAVE AGREED TO ABIDE BY THEM.

NO NAME! CLUB COMPLIES WITH THE DATA PROTECTION ACT 1998 AND THE 2003 AMENDMENT ACT THAT BROUGHT IRISH LAW INTO LINE WITH THE EU DATA PROTECTION DIRECTIVE.

I _____ agree to abide by the above rules and will respect the ethos of the No Name! Club and will follow the directions of the adult leaders at all times

Host/Hostess Signature

Host/Hostess Mobile:

I the Next of Kin/Parent/Guardian agree to the above Teenager becoming a Member of the No Name! Club. I understand that all necessary precaution will be taken to safeguard my child, however I agree to my child participating in No Name! Club activities at their own risk. I agree to my child being contacted on their mobile by the club and I agree that their photo can be used in any PR about the club on Social Media (club and national Facebook, Twitter and other social media platforms) and on the national website (www.nonameclub.ie). If any of the club rules are broken I understand that I will have to collect my child in person (or nominate a responsible adult) from the event. In the event of an emergency I give permission for first aid to be applied and or medical treatment to be sought for my child.

Parent/Guardian Signature

Parent/Guardian Mobile:

Medical Details

These are the medical details of my child. If you answer YES to any question, please provide details in the space provided below.

Question	Yes (tick if applicable)	No (tick if applicable)
Has your child any serious illnesses?		
Does your child take any regular medications?		
Are there any medications that your child is allergic to and/or must not be prescribed?		
Does your child have any allergies?		
Has your child any special dietary requirements?		

Further information:
