



ISH YOUNG BREEDERS MEMBER APPLICATION FORM

CONTACT INFORMATION

Full Name			
Date of Birth		Gender	
Address			
Home Tel		Mobile Tel	
Email			
Emergency Contact No. 2	Name		
	Mobile Tel		
	Relationship		

MEDICAL HISTORY INFORMATION

Details of special needs or medical history (i.e. details of any known allergies, conditions, or medications).

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I will inform the coaches/officials of any important changes to my health, medication or needs and also of any changes to address or phone numbers given.

OTHER INFORMATION

Any other special needs, requirements or directions that would be helpful for ISH Young Breeder coaches/officials to know about:

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PHOTOGRAPHY:

I agree that photographs or recorded images may be taken during or at ISH Young Breeder related activities and may subsequently be used in the promotion of Young Breeders.

Yes

No

COMMUNICATION

I wish for ISH Young Breeders to use group text messaging relating to ISH Young Breeder activities. I wish for such text messages to be sent to:

Text Contact Number _____

I confirm all details are correct and I will inform Team Manager Wendy Conlon of any changes to the information above.

Signature _____

Date _____

Teagasc and Horse Sport Ireland are committed to ensuring that any information gathered in relation to our members meets the specific responsibilities as set out under Data Protection legislation.