



## 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.*