



## ISH YOUNG BREEDERS MEMBER APPLICATION FORM

I as Parent/ Guardian of \_\_\_\_\_ (child) give permission for the below named to participate in ISH Young Breeder activities.

### CONTACT INFORMATION

Full Name Child Printed			
Full Name Parent Printed			
Date of Birth (Child)		Gender (Child)	
Address			
Home Tel		Mobile Tel (Parent)	
Email			
Emergency Contact No. 2	Name		
	Mobile Tel		
	Relationship to Child		

### MEDICAL HISTORY INFORMAITON

Details of your child's special needs or medical history (i.e. details of any known allergies, conditions, or medications). Parents/ Guardians are obliged to disclose any information regarding medication which may impact on your child's welfare or behaviour while participating in ISH Young Breeder activities.


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

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.



**OTHER INFORMATION**

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

**PHOTOGRAPHY:**

I agree that photographs or recorded images may be taken during or at ISH Young Breeder related activities which may include my Child 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 the participation of my Child in relation to ISH Young Breeder activities. I wish for such text messages to be sent to:

Myself only (Parent)

Text Contact Number \_\_\_\_\_

**OR**

My Child and Myself

Text Contact Number 1 (Parent) \_\_\_\_\_

Text Contact Number 2 (Child) \_\_\_\_\_

I have been made aware that the ISH Young Breeders Programme is following polices and committed to ensuring the safety of my child by having

- Designated person safeguarding officer for child protection
- Codes of conduct
- Photography and video guidelines
- Anti-bullying policy
- Vetting of coaches/officials
- Disciplinary policy

I hereby consent to the above named child participating in ISH Young Breeder activities including attending training sessions and competitions (home and away), if applicable, in line with the 'Codes of Conduct' and Safeguarding Policies of both Teagasc and Horse Sport Ireland.

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

**PARENT/GUARDIAN(S) CONSENT**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

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