

FORMS

Irish Orienteering Association MAP REGISTRATION APPLICATION					
Club Name:					
Registration Type: (Please Circle)		Initial		Completed	
Map/Area Name:					
County:			Nearest Town		
Approximate Area of Orienteering Terrain (Sq. Km)					
Irish Grid Reference to nearest 100m - Letter followed by 6 digits (www.gridreference.ie)					
North-eastern corner of rectangle bounding area:			Letter		
South-western corner of rectangle bounding area:			Letter		
Normal Access Point from public Road for Competition:			Letter		
WebLink : www.openstreetmap.org					
PDF file name -attach copy (where applicable)					
Brief Description of Terrain:					
Suitable for Competition Grade Type: (circle)		School	Local	Sprint	Championship League
In the case of Initial Registration, has this area, or any part of the area, been mapped previously for orienteering (Y/N) if yes provide details below;					
Map Scale(s):		Contour Interval:			
Map Size : A3/A4/A5:					
Proposed Completion Date (if Initial Registration):					
Date first used for an Orienteering Competition:					
Date Last used for an Open IOA registered competition:					
Principal Mapper:					
Cartographer:					
CONTACT DETAILS					
Name:					
Phone:			Email:		

**Irish Orienteering Association
MAP REGISTRATION APPLICATION**

Signature of Applicant:					
Date:					
Initial Registration Fee Paid (€10): Y/N Cash / Cheque / Electronic					
IOA USE ONLY					
Date Received by IOA:					
Initial Registration Fee Received: Y/ N Cheque / Cash / Electronic					
Initial Registration Accepted:		Y/ N	Mapping Registrar Signature:	Date:	
Completed Registration Accepted:		Y/ N	Mapping Registrar Signature:	Date:	
IOA Map Reference Number:					

CONTROLLER APPLICATION FORM



The completed form should be sent to:- The Controller of Technical Standards
 Irish Orienteering Association,
 c/o 58 Griffith Avenue,
 DUBLIN 9

Application for IOA Certified Event Controller	<input type="checkbox"/>
Application for IOA SENIOR Certified Event Controller <i>Include the date you were appointed IOA Certified Event Controller</i>	<input type="checkbox"/> __ / __ / ____

This application is proposed and recommended by..... Club

Signature of Club Official Date

Applicant's Name			
Address			
Phone No		Club	
e-mail address			

CONTROLLER COURSES ATTENDED

Venue	Led by	Date

COMPLAINT FORM



Name of the competition	
Venue	
Date of competition	
Organising Club	
Organiser	
Competitor's name (Caps)	
Age Class or Course	
Details of Complaint	
Signed:..... Time:..... Date:.....(The competitor or official)	
Organisers Decision on the Complaint (with reasons)	
Signed:..... Time:..... Date:.....(The Organiser)	

PROTEST FORM



Name of the competition	
Venue	
Date of competition	
Organising Club	
Organiser	
Competitor's name (Caps)	
Age Class or Course	
Details of Protest against the Organiser's Decision	
Signed:..... Time:..... Date:.....(The competitor or official)	
Decision on the Protest by Controller & Organiser (with reasons)	
Signed:..... Time:..... Date:.....(The Controller)	
Signed:..... Time:..... Date:.....(The Organiser)	

IRISH RELAY CHAMPIONSHIPS 20..
OPEN PREMIER and WOMEN'S PREMIER

CLASS	OPEN PREMIER/WOMEN'S PREMIER (strike out as necessary)
TEAM NUMBER	*
Team Name	
CLUB	

*Inserted by the Organiser prior to the distribution of this form to the Club Representative

TEAM RUNNING ORDER

LAP	BIB NUMBER*	COMPETITOR NAME	SI NUMBER^
FIRST			
SECOND			
THIRD			

* Inserted by the Organiser prior to the distribution of this form to the Club Representative

^ Only needed if using competitors' SI cards

REGISTERED BY:

NAME	
ADDRESS	
e-mail address	
Mobile Phone No (Please include country code, if necessary)	

CONFIRMATION

I confirm that all of the declared team members belong to the same club, and in the case of teams representing IOA and NIOA affiliated clubs, I confirm that they are eligible to compete to be Irish Champion in accordance with the team qualifications as detailed in IOA Competition Rule 6.7.

Signature of Club Representative registering this form

This form should be returned to Registration/Information no later than *Time on Date*

IRISH RELAY CHAMPIONSHIPS 20..

JUNIOR 36 and JUNIOR 48

CLASS	JUNIOR 36 and JUNIOR 48 (strike out as necessary)
TEAM NUMBER	*
TEAM NAME	
CLUB (only complete if all members belong to the same club)	

*Inserted by the Organiser prior to the distribution of this form to the Club Representative

TEAM RUNNING ORDER

LAP	BIB NUMBER*	COURSE LENGTH (k)*	COMPETITOR NAME	SI NUMBER^	O AGE CLASS
FIRST					
SECOND					
THIRD					
					Total O Ages

* Inserted by the Organiser prior to the distribution of this form to the Club Representative

^ Only needed if using competitors' SI cards

REGISTERED BY:

NAME	
ADDRESS	
e-mail address	
Mobile Phone No (Please include country code, if necessary)	

CONFIRMATION

I confirm that all of the declared team members belong to the same club, and in the case of teams representing IOA and NIOA affiliated clubs, I confirm that they are eligible to compete to be Irish Champion in accordance with the team qualifications as detailed in IOA Competition Rule 6.7.

Signature of Club Representative registering this form

This form should be returned to Registration/Information no later than *Time on Date*

IRISH RELAY CHAMPIONSHIPS 20..

HANDICAP 6, HANDICAP 12, HANDICAP 18

CLASS	HANDICAP 6/HANDICAP 12/HANDICAP 18 (strike out as necessary)
TEAM NUMBER	*
TEAM NAME	
CLUB (only complete if all members belong to the same club)	

*Inserted by the Organiser prior to the distribution of this form to the Club Representative

TEAM RUNNING ORDER

LAP	BIB NUMBER*	COURSE LENGTH (k)*	COMPETITOR NAME	SI NUMBER~	O AGE CLASS	HANDICAP POINTS
FIRST						
SECOND						
THIRD						
TOTAL POINTS^						

* Inserted by the Organiser prior to the distribution of this form to the Club Representative

^ The total Handicap Points for the Handicap 6 class shall be in the range of 6 to 11 points; that for the Handicap 12 class shall be in the range of 1 to 17 points; and that for the Handicap 18 class shall be 18 or more points.

~ Only needed if using competitors' SI cards

REGISTERED BY:

NAME	
ADDRESS	
e-mail address	
Mobile Phone No (Please include country code, if necessary)	

Signature of Club Representative registering this form

This form should be returned to Registration/Information no later than *Time on Date*



RISK ASSESSMENT FORM

This form is designed to cover most activities of an orienteering club and is in a format that can be tailored to suit the nature of the event or activity. It is recommended that a risk assessment be completed for all club events and activities, and this form used to identify the potential risks and list any mitigating measures. The Organiser is responsible for completing this form as the person in charge of the competition or activity. It should be retained by the club for five years from the date of the event or activity in case of any claim. See also the notes at the end of the form.

Event/Activity		Event level (C1,2, 3, or 4)		Venue	
Grid Reference / Co-ordinates		Date of event/activity		Time of event /activity	
Expected numbers of competitors /officials/volunteers					
Organiser		Signed		Date form signed by Organiser	
Mobile Phone No		Organising Club			
Planner/Tutor/ Coach		Signed		Date form signed	
Risk Assessment checked by		Position (Controller/ Club Safety Officer)		Signed	
Date form signed		Mobile Phone No			

Other Information

Mobile Phone No at location of event/ activity		Mobile coverage checked	Yes/No	Other methods of communication being used	
First Aid cover at event/activity		To be located at		Name of First Aid Co-ordinator	
				Mobile Phone No	
Names of First Aiders to be available at the event/activity			Mobile No		
			Mobile No		
			Mobile No		
			Mobile No		
Nearest A&E Hospital		Full Address		Grid Reference/ Co-ordinates	
Telephone No		Emergency Access Point to event/activity		Grid Reference/ Co-ordinates	
Mountain Rescue Phone No			Contact Name		
Location of nearest Garda Station		Phone No		Contact Name	

Potential Hazards to be considered

Terrain	Weather	Equipment
<ul style="list-style-type: none"> • Hazardous vegetation • Fences and walls to be crossed • Water (rivers/streams/ponds/lakes) • Uncrossable marshes • Cliffs and dangerous crags • Traffic within the parking/ assembly/ start/ finish areas; and road crossings within the competition area • Military Debris • Isolated Areas • Other Activities (felling etc) 	<ul style="list-style-type: none"> • Cold or hot • Rain/snow/hail • Strong wind • Lightning 	<ul style="list-style-type: none"> • Stakes • Tent guys • Electrical equipment and cables • Generators and fuel supply • Cooking equipment

Check List

Do competitors' maps have a safety bearing?	Yes/No		
Will First Aid bags be available?	Yes/No	Located at	
Will an emergency rucksack with a bivvibag, spare clothes, food, and drink be available?	Yes/No	Located at	
Will a lightweight stretcher be available?	Yes/No	Located at	
Has a Search and Rescue Team been formed?	Yes/No	Led by	
Has Mountain Rescue been notified	Yes/No		

The Risk Assessment

Risks to Competitors, Officials, Volunteers, and other people in the event area	Risks	Scale (Low, Medium, High) <i>Note 3</i>	Possible Outcomes	Possibility (Low, Medium, High) <i>Note 3</i>	Mitigating Measures (Official responsible)
In the competition area					

Risks to Competitors, Officials, Volunteers, and other people in the event area	Risks	Scale (Low, Medium, High) <i>Note 3</i>	Possible Outcomes	Possibility (Low, Medium, High) <i>Note 3</i>	Mitigating Measures (Official responsible)
In the Assembly, Start, and Finish Areas					

Risks to Competitors, Officials, Volunteers, and other people in the event area	Risks	Scale (Low, Medium, High) <i>Note 3</i>	Possible Outcomes	Possibility (Low, Medium, High) <i>Note 3</i>	Mitigating Measures (Official responsible)
Due to Weather					

Risks to Competitors, Officials, Volunteers, and other people in the event area	Risks	Scale (Low, Medium, High) <i>Note 3</i>	Possible Outcomes	Possibility (Low, Medium, High) <i>Note 3</i>	Mitigating Measures (Official responsible)
Due to the equipment being used					

NOTES:

1 The completion of this form is the responsibility of the Organiser of the orienteering competition, or club activity that could take the form of training exercises or club social events, and the content should be tailored to the nature and scale of the competition or activity. In the case of competitions the form should be jointly completed by the Planner who should consider the possible risks on the competition courses.

2 The full assessment should be checked by the event Controller who should counter-sign the form, confirming that all safety risks have been identified and where necessary mitigating measures taken. In C4 club competitions and other club activities the risk assessment may also be signed off by the Club Safety Officer.

3 In the scale of risks, Low would equate to minor injuries that could be treated at the event, Medium would equate to more serious injuries requiring hospital treatment, and High would equate to major injuries requiring immediate hospital treatment.

4 In the Possibility of risks, Low would equate to a probability of less than 33%, Medium would equate to a probability of between 33 and 67%, and High would equate to a probability of over 67%