

Membership Form

Please complete all details and return to the Membership Secretary



Swim Ireland Number if existing member

SECTION A: MEMBER DETAILS

Title:		Address 1	
First Name:		Address 2	
Middle Name:		Address 3:	
Surname:		Town:	
Date of Birth:		County:	
Gender		Country:	
*Phone:		*Mobile:	
*Email:			

*Please note: If the member is U18 contact details should be the parent/carers

Is this person the head of family Yes / No

If not can you enter the ID of the head of their family (U21)

SECTION B: MEDICAL INFORMATION

Please detail below any important medical information that our coaches/team managers should be aware of (e.g. epilepsy, asthma, diabetes, allergies) **Please do not leave blank** – If there is no information please write 'None'

SECTION C: EMERGENCY CONTACT DETAILS

Please indicate the information below to indicate the persons who should be contacted in the event of an incident/accident

Emergency Contact 1 Name:	
Emergency Contact 1 Relationship:	
Emergency Contact 1 Number:	
Emergency Contact 2 Name:	
Emergency Contact 1 Relationship:	
Emergency Contact 1 Number:	

SECTION D: PHOTOGRAPHY & VIDEO

In accordance with the Swim Ireland Filming and Photography policy, we only permit photographs, video or other images of children/young people to be taken with consent.

Photographs/videos will be taken by an appropriate person appointed to do so by Laser SC. Any images will be used, held and stored in accordance with the Swim Ireland Filming and Photography Policy as specified in latest version of the Swim Ireland Safeguarding Policies. No child/young person will be identified individually in any published image or film footage.

Laser SC request permission to photograph and/or record video footage of your child's involvement in their sport for the purposes of publicising and promoting the club and/or sport.

SECTION E: CLUB PRIVACY STATEMENT

Laser SC take the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current/future data protection legislation.

Please read the full privacy notice carefully to see how Laser SC will treat personal information that you provide to us. We will take reasonable care to keep your information secure and to prevent unauthorised access.

Please see attached to this membership form Laser SC privacy statement

SECTION F: DATA SHARING WITH SWIM IRELAND

When you become a member of or renew your membership with Laser SC you will automatically be registered with Swim Ireland through the Swim Ireland online membership database. We will provide Swim Ireland with your personal data which they will use to enable your personal access to the membership database. Swim Ireland will contact you to sign in and update your profile (which, amongst other things allows you to set and amend your opt-ins and privacy settings). It is vital therefore that a valid email address is given, so that you can ensure that your data is correct and so that you can monitor your own privacy settings.

If you have any questions about the continuing privacy of your personal data when it is shared with Swim Ireland, please view the privacy policy on the Swim Ireland website or on sign up through the online membership database you will be presented with the relevant policy.

SECTION G: AGREEMENTS & CONSENTS

Laser SC recognises the need to ensure the welfare and safety of all young people in our sport. Please tick the appropriate boxes below to confirm the declarations.

I agree to abide by the Swim Ireland Safeguarding Policies (latest update) and Rules of Swim Ireland and Club?	<input type="checkbox"/>
I agree to abide by the relevant code of conduct as laid out by Swim Ireland and Laser SC?	<input type="checkbox"/>
I have never been asked to leave a sporting organisation? (If you leave blank, we will contact you in confidence)	<input type="checkbox"/>

By ticking the boxes below, you consent to the following.

I consent to my special category personal data provided in Section B to be shared with coaches/team managers or other appropriate personnel for the purposes of the delivery of safe participation in club activities.	<input type="checkbox"/>
I consent to my emergency contact details to be shared with coaches/team managers or other appropriate personnel in the case of an emergency.	<input type="checkbox"/>
I confirm that I give permission to be filmed and/or photographed. Photographs and/or video may be used in accordance with the Swim Ireland Filming and Photography Policy.	<input type="checkbox"/>
I confirm I have read and understood Laser SC privacy statement	<input type="checkbox"/>
If I am a competitive swimmer I agree to my personal data and swimming times to be held and processed through Hy-Tek's swimming software	<input type="checkbox"/>

Members Name:	
Membership Number (if known):	
Members Signature:	
Date:	

If member is under 18 the parent/carer must also sign below.

I confirm I have legal authority to provide these permissions, agreements and consent for the member named above:

Parent/Carer Name:	
Parent/Carer Signature	
Date:	

Declaration of the Club:

I confirm that the above named has been accepted and is involved as a member of the club, and I have verified their date of birth.

Club Secretary: Signature: _____ Name: _____

Date: _____

It is your responsibility as club secretary for ensuring the accuracy and validity of the information that you submit using this form and Swim Ireland accept no responsibility whatsoever for any errors or omissions that you may make.