**North Dublin Winter Swimming Club Membership Form**

**2019/2020**

|  |  |
| --- | --- |
| **Open Sea Swimming**  |  |
| **Water polo** |  |
| **Committee** |  |

**Membership Type:**

**Swim Ireland No.:\_\_\_\_\_**

**Members Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Address** |  | **D.O.B.** |  |
| **Gender;** |  |  |  |

**Important; NDWSC main media of communication this year will be via email AND WhatsAppIt is very important that your correct email and mobile telephone numbers are printed clearly, please enter 1 character per box.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **email** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **mobile** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Emergency Contact details – (Each member must provide TWO emergency contact details)**

|  |  |
| --- | --- |
| **Name** **(Parent/ Carer)** |  |
| **Relationship** |  |
| **Contact Number** |  |
| **Signature** |  |
| **Print Names** |  |

**Medical Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of GP** |  | **Tel No.** |  |
| ***Please state any medical condition, disability or other factors which need consideration for inclusion in club activities*** |
|  |
|  |

**Declaration & Consent:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES | NO |
| 1. | I and my child have read and understood the Codes of Conduct, Policies. Disciplinary Procedures & Constitution of NDWSC. |  |  |
| 2. | I and my child will abide by the rules of NDWSC Club as described in the NDWSC Codes of Conduct for Swimmer and Parents. We have returned a signed copy of said codes to the Membership Secretary. |  |  |
| 3. | I agree to fulfil my obligations described in the above documents as parent/career of a NDWSC. |  |  |
| 4. | I give permission for the Coach/Team Manager to authorise competent medical authorities to undertake medical or surgical treatment to my child, should delay of my consent be contrary to my child's interest |  |  |
| 5. | I consent / do not consent (**delete as appropriate**) to the use of photography as set out in the NDWSC Photography Policy. ***Should you fail to indicate that you do not consent to the use of photography as set out in the NDWSC Photography Policy you will be deemed to have consented by signing this membership form. You can withdraw your consent at any time by informing the Club Secretary in writing.*** |  |  |
| 7. | NDWSC will be using “***WhatsApp***” as a primary communication tool. I consent to my (parent / guradian/ swimmer 18years+) being added to the NDWSC squad WhatsApp groups and understand that I can “opt-out” at any time. |  |  |

***For further information on any of the above please contact the Club Chairperson / Secretary****.*

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

***To be signed by parent/carer for members under 18.***

***North Dublin Winter Swimming Club Policies, Rules, and Code of Conduct are available from the Club Secretary and on the clubs website***

Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form you give your club secretary permission to enter your details onto the Swim Ireland online database. Please remember that the information you are sending to Swim Ireland Head Office through this form is personal data and must be treated in accordance with the Data Protection Acts, 1988 and 2003. Please read your club’s data protection policy for further information.

Declaration of Club Secretary:

As the Club Secretary 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For all NEW members this form must be printed, signed and the hard copy kept by the club for official records. \*Please note evidence that the club are holding these forms in a safe and secure location will form part of the Club Mark process.

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.

Club Secretary : -

Club Chairman : -

Club Website : -