



Membership & Contact Form

Family Name _____

<i>Childs Name</i>	<i>Date of Birth</i>	<i>Swim Group</i>

<i>Contact Name</i>	<i>Mobile</i>	<i>Relationship to Swimmer</i>	<i>WhatsApp Yes or No</i>
<i>Please give a second Contact Person and Number</i>			

Email _____

Email _____

Signed _____ Date _____

For Committee Use only:

Check List	Yes	No
Membership & Contacts form – Signed by Parent/Guardian		
Code of Conduct – Signed by Swimmer[s] & Parent/Guardian		
Photo Consent - Signed by Parent/Guardian		
Medical Consent - Signed by Parent/Guardian		
Swim Ireland New Member Form - Signed by Parent/Guardian		
Fees Paid		