

Swim Ireland Number if existing member

Club ID:	<input type="text"/>
Title:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>
Family Head ID:	<input type="text"/>
Phone:	<input type="text"/>
Mobile:	<input type="text"/>

Club Name:	<input type="text"/>
Gender:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Address 3:	<input type="text"/>
Town:	<input type="text"/>
County:	<input type="text"/>
Country:	<input type="text"/>
Email:	<input type="text"/>

Please Tick here if this person is a head of family

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

Roles:

Chairperson	<input type="checkbox"/>	Head Coach	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	Coach	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	Teacher	<input type="checkbox"/>
Designated Person	<input type="checkbox"/>	Team Manager	<input type="checkbox"/>
Children's Officer	<input type="checkbox"/>	Official	<input type="checkbox"/>
Committee Member	<input type="checkbox"/>		<input type="checkbox"/>

Disciplines:

	Competitor	Non-Competitor
Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Water Polo	<input type="checkbox"/>	<input type="checkbox"/>
Diving	<input type="checkbox"/>	<input type="checkbox"/>
Masters	<input type="checkbox"/>	<input type="checkbox"/>
Open Water	<input type="checkbox"/>	<input type="checkbox"/>
Synchronised Swimming	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

Do you agree to abide by the Safeguarding Children Policies and Procedures and rules of Swim Ireland and Club?

Do you agree to abide by the code of conduct as laid out by Swim Ireland and Club?

Have you ever been asked to leave a sporting organisation? (If you have answered yes, we will contact you in confidence)

Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or are you at present the subject of criminal investigations?

Applicant's Signature: _____ Date: _____
(If the Application is for an under 18 then the parent must also sign)

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.