



Portmarnock Swim Team

**SWIM
IRELAND**

CLUB MEMBERSHIP FORM 2017 / 2018

Club ID:	73	Swim Ireland Number (if existing member)	
Club Name:	Portmarnock Swim Team		
Swimmer's First Name:		Date of Birth:	
Swimmer's Middle Name:		Gender:	
Swimmers Surname:		Squad:	
Discipline:	Swimming	Competitor (A, Ajnr B & C)	Non-Competitor (C1, C2 & D)
		<i>Tick the applicable section</i>	<i>Tick as applicable section</i>

Please tick box if the person named above is under 21 and is the eldest child where other children have, or are applying for membership of Swim Ireland	
If the person named above has an older sibling, under the age of 21, who is a member of Swim Ireland please give their name:	

All communication for the club is done through email - please note that the club will use the primary contact details

PRIMARY POINT OF CONTACT		SECONDARY POINT OF CONTACT	
E-Mail Address:		E-Mail Address:	
Parent / Guardian's Name:		Parent / Guardian's Name:	
Mobile Phone:		Mobile Phone:	
Landline Phone:		Landline Phone:	
Home Address:		Home Address:	
Country:	Ireland	Country:	Ireland
Relationship to Swimmer:		Relationship to Swimmer:	



Portmarnock Swim Team



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

Yes

No

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

Yes

No

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

Yes

No

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?

Yes

No

I understand the requirement for me as a Parent/Guardian of a member of Portmarnock Swim Team to take my turn on the parent supervision roster as allocated by the club.

Yes

I understand the requirement for me as a Parent/Guardian of a member of Portmarnock Swim Team to take my turn on the Gala rota as allocated by the club, should my child take part in such an event.

Yes

I give my permission for my child to be photographed at galas and events for display on the website or promotional purposes in local newspapers etc.

Yes



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MEDICAL & BEHAVIOURAL INFORMATION

To be completed by the parent(s)/guardian(s) of all swimmers Please note that this information is strictly confidential and viewed only by your child's coach.

Applicant's (Swimmer / Young Person's)
Name:

Does your child have any medical or behavioural conditions ?

Yes

No

It would be beneficial for the coach to be aware of any conditions to help them get the best out of your child during training sessions.

Details:



Portmarnock Swim Team



PHOTOGRAPHY & FILMING CONSENT FORM

Portmarnock Swim Team request permission to use individual and group photographs and/or record video footage for training, competition and/or promotional purposes. This permission is sought on the basis that the Club will follow and adhere to Swim Ireland photography and filming guidelines (Swim Ireland Guidelines for Safeguarding Children Policies and Procedures 2010 and any updates issued).

Attendance at a Swim Ireland or Club event may result in participants and/or their family members being photographed or filmed as part of the occasion, either as an individual or as a member of a group. Participants and/or their family members may also appear in a photograph or video inadvertently. All participants / families must accept this.

Swimmer / Young Person

I confirm that I understand that I may be filmed and/or photographed during or as part of Swim Ireland or Portmarnock Swim Team club events or training sessions and I consent to same

Yes

No

Parent / Guardian

I confirm that I understand that I may be filmed and/or photographed during or as part of Swim Ireland or Portmarnock Swim Team club events or training sessions and I consent to same

Yes

No



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CODE OF CONDUCT ANNUAL DECLARATION YOUNG PEOPLE AND PARENTS / GUARDIANS

The following declarations are to be signed annually by all members. The completed declarations should be held by the secretary of the committee/club.

It is presumed that by submitting membership to Swim Ireland that every Club member has signed the appropriate code of conduct.

Swimmer / Young Person

I have read, understood and agree to abide by the Code of Conduct for Young People, Safeguarding Children 2010 and the Rules of Swim Ireland and Portmarnock Swim Team

Applicant's (Swimmer / Young Person's) Signature:	
Print Name of Applicant (Swimmer / Young Person):	
Date:	
<i>(If the application is for a child aged under10 then a parent or guardian must sign on their behalf)</i>	

Parent / Guardian

I have read, understood and agree to abide by the Code of Conduct for Parents/Guardians, Safeguarding Children 2010 and the Rules of Swim Ireland and Portmarnock Swim Team

Parent's Signature:	
Print Name of Parent:	
Date:	
<i>(If the application is for a child aged under18 then a parent or guardian must also sign)</i>	

All codes of conduct are available on our club website www.portmarnockswimteam.ie and the Child Welfare pages on the Swim Ireland website www.swimireland.ie



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Applicant's (Swimmer / Young Person's) Signature:	
Print Name of Applicant (Swimmer / Young Person):	
Date:	
<i>(If the application is for a child aged under16 then a parent or guardian must sign on their behalf)</i>	

Parent's Signature:	
Print Name of Parent:	
Date:	
<i>(If the application is for a child aged under18 then a parent or guardian must also sign)</i>	

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.

Passport / Birth Certificate copy provided	
Passport Number:	
Club Secretary Signature:	
Club Secretary Name:	Deirdre McKane
Date:	

New Members

The Registration Pack must be printed, signed and presented to a Committee member with proof of date of birth, i.e. a Passport or Birth Certificate. The hard copy will be kept by the club for official records.

Returning / Renewing Members

The Registration Pack must be printed and signed and presented to a Committee member. The hard copy will be kept by the club for official records. **Swim Ireland have introduced a new members database & as a result all returning / renewing members must provide proof of date of birth – this is a once off request.**

It is the responsibility of the 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 may be made.