



MEMBERSHIP INFORMATION AND REGISTRATION FORM
Please note: a separate form must be filled in for each child
Please print clearly and complete ALL sections

Lecale ASC 2018/2019

Member Details –

Full name of member: _____

Gender (please circle): Male/Female

Date of Birth: _____

Parent/Guardian name: _____

Home address: _____

Post Code: _____

Parent's email address: _____

Please note that this address will be used by the club for regular communication, so it should be an email account that you check regularly. Please print the address clearly!

Home telephone: _____

Please also provide one parent's mobile phone number for emergency use and one other emergency contact number. Please note that Mobile Phone No.1 will also be used for all text messages sent from Lecale ASC

Mobile Phone No 1: _____ **Name:** _____

2nd Emergency Contact: _____ **Name:** _____

Medical Details

We need to know here any information about your child that will help us ensure his/her wellbeing and safety and understand any needs she/he may have. This information will be stored confidentially and will only be shared with those in committee or coaching/teaching positions who need to know.

Does the swimmer have any medical or other conditions that might affect his/her swimming or participation in club activities? If so, please provide details below.

Is the swimmer currently taking any medication? If so, does s/he need to bring that medication on to poolside (eg inhalers)? Please provide any details below.

Does the swimmer have any learning, dietary, cultural or other needs that it would be important for us to know about? Please provide details below.

Photographic Consent

Lecale ASC requests permission to photograph and/or record video footage for the purposes of training, celebration of achievements and highlighting club successes. Photographs/videos will only be taken by an appropriate person appointed to do so by the management committee. Any images will be used in accordance with the Swim Ireland Filming and Photography Policy as specified in latest version of the Swim Ireland Safeguarding Children Policies and Procedures.

I confirm that I give permission to be filmed and/or photographed for the purposes described above. Any photographs and/or part of the video may be used in accordance with the Swim Ireland Filming and Photography Policy.

Swimmer's signature: _____

If athlete is under 18 the parent/guardian must also sign to give consent:

I confirm that I give permission for my child to be filmed and/or photographed and confirm I am the legal parent/guardian of the above named young person.

Parent/Guardian's signature: _____

Codes of Conduct

I confirm that I have read (or had read to me) the Lecale ASC/Swim Ireland Code of Conduct for Young People and I undertake to abide by that Code

Swimmer's signature: _____

I confirm that I have read the Lecale ASC/Swim Ireland Code of Conduct for Parents/Guardians and I undertake to abide by that Code

Parent/Guardian's signature: _____

Supervision Rota Agreement

Swim Ireland requires its clubs to operate a Supervision Rota for all sessions to provide support to coaches/teachers and assist if any unforeseen events arise. The Management Committee covers the supervision rota on Friday nights but all Lecale families are required to participate in a roster to ensure that a responsible adult is present for the duration of all other sessions. This normally requires attendance at 1-2 sessions per term but it may be more if your child swims more frequently.

I understand that a requirement of membership of Lecale ASC is that parents/guardians must agree to participate in a supervision rota and be present for the duration of training sessions in line with the rota. I understand that, if I cannot participate on the date(s) allocated to me I must arrange cover with another parent:

Parent/Guardian's signature: _____

Drop off and collection

Lecale ASC is only responsible for the supervision of swimmers during their allocated training sessions or while at club events (eg PTL away galas). It is the responsibility of parents to ensure that swimmers arrive punctually and ready to swim at their allocated time and are collected from the leisure centre or bus promptly after the session/event finishes.

I understand that the club is only responsible for supervision during a swimmer's training session(s) or other club-led events and that I am responsible for the supervision of my swimmer at all other times:

Parent/Guardian's signature: _____

