



Membership Form

Swim Ireland Number if existing member

Please Tick here if this person is a head of family

Club ID:	169	Club Name:	Piranha Swim Club
Title:		Gender:	
First Name:		Address 1:	
Middle Name:		Address 2:	
Surname:		Address 3:	
Date of Birth:		Town:	
Family Head ID:		County:	
Phone:		Country:	
Mobile:		Email:	

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"/> | |

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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to abide by the code of conduct as laid out by Swim Ireland and Club?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been asked to leave a sporting organisation? (If you have answered Yes , we will contact you in confidence)	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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

Date: _____

Parent's Signature: _____