



PIRANHA SWIMMING CLUB



Membership Registration Form

APPLICATION DETAILS

Block Capitals please

Name: (required) _____

Address: (required) _____

Home Phone: _____ **Mobile Number:** (required) _____

(Note: also for use in emergency)

Email Address: (required) _____

IMPORTANT

1. By completing this membership registration form you agree to abide by the Safeguarding Children Policies and Procedures and rules as set out by Swim Ireland and Piranha Swim Club
2. You agree to abide by the Code of Conduct as laid out by Swim Ireland and Piranha Swim Club.
3. You agree to commit to the Parent Roster and understand that under Swim Ireland rules and regulations for Child Safety in Sport, the club is obliged to have a responsible adult on the bank at all times during training sessions.

NB: Membership of Piranha Swim Club involves acceptance that as a parent / guardian you have a legal responsibility to pay fees owed by your child. This obligation also applies even if the swimmer leaves the Club with accrued debts.

Signed: (required) _____ **Date:** (required) _____