



BANBRIDGE AMATEUR SWIMMING CLUB

REG ID#

MEMBERSHIP FORM

PARENT/GUARDIAN DETAILS

NAME _____ EMAIL ADDRESS _____

ADDRESS _____

POSTCODE _____ CONTACT NO _____

(This information is used for contact in relation to club events, please inform Club Secretary of any changes during club season)

SWIMMER(S) DETAILS

FULL NAME (please print)	DATE OF BIRTH	SIGNATURE - I have read the BASC Rules & Regulations and agree to abide by them

FOR MEMBERS UNDER 12 YEARS OF AGE PARENTS MUST ALSO SIGN

As Parent/Guardian of the above named member(s), I hereby confirm that I have explained the context and the implications of the BASC Rules and Regulations and that my child(ren) understands them.

Signed _____ Date _____

All rules, regulations and codes of conduct pertaining to swimmers, parents/guardians, coaches, and committee are available on the Code of Conduct Section of the Club website and on the Club Notice Board at Banbridge Leisure Centre. Swimmers and parents/guardians must read and are advised to keep a copy for reference.

Do you give permission for your son/daughter to be videoed, using VCR equipment during swimming club sessions for the purposes of training **YES/NO**

Do you give permission for your son/daughter to be photographed either for publicity purposes or as members of Club **YES/NO**

The success of the Club depends on the voluntary help of parents. **All parents must take part in Poolside Rota on monthly basis.** Please tick additional duties you are willing to assist with

- Swim Desk Rota (Saturday 4pm-5.30pm)
- Fund Raising
- Social Committee
- Club Changing Supervision

Fee Payment (circle as appropriate) Yearly / Half-Yearly / Monthly / Standing Order

Parents/Guardian Signature _____ Date _____



Medical History and Consent for Medical Treatment if Required

Please complete the following including all relevant information regarding your child. These details will be kept on record and treated in strictest confidence. Medical and other relevant details along with your consent for medical treatment are essential in order that we may assist your child both at Club Training and Away Galas etc. should they require medical treatment.

In Case of an Emergency the following person should be contacted

Name _____ Relationship to swimmer _____

Contact Number: Day: _____ Evening: _____

Swimmer's Health & Care No _____

GP Name _____ GP Practice _____

Address _____ Telephone Number _____

DETAILS OF MEDICAL CONDITION ANY ALLERGIES AND ALL MEDICATION TAKEN BY SWIMMER

DETAILS OF ANY OTHER RELEVANT INFORMATION

In the event of illness or accident, having parental responsibility for the above named child, I give full permission for medical treatment considered necessary to be administered by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Signature _____ Parent/Guardian (if under 18)

Print Name _____ Date _____



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Swim Ireland Codes of Conduct Annual Declaration

The following declarations are to be signed annually by all members. The completed declarations will be held by the secretary of the club. It is presumed that by submitting membership to Swim Ireland that every Club member has signed the appropriate code of conduct. All codes of conduct are available on the Child Welfare pages on the Swim Ireland website: www.swimireland.ie on the notice board at Banbridge Leisure Centre and on Club website.

Young People

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 Banbridge Amateur Swimming Club

SWIMMERS NAME (print)	SIGNATURE	DATE

Parents/Guardians

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 Banbridge Amateur Swimming Club

Signature of Parent/Guardian _____ Date _____

Please print name _____

Committee member Declaration

Have you ever been asked to leave a sporting organisation? **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**

(If you have answered yes to either questions above we will contact you in confidence)

I have read, understood and agree to abide by the Code of Conduct for Committees, Safeguarding Children 2010 and the Rules of Swim Ireland and Banbridge Amateur Swimming Club.

If an allegation of abuse is made against me, I agree to step aside until the results of the investigation are completed.

Signed _____ Date _____

Print Name _____ Child protection number/date _____

Banbridge Amateur Swimming Club Committee position _____