

Form 3: New Members Only



Application Form for Membership of Swim Ireland (Excluding Learn-to-Swim) PLEASE PRINT CLEARLY

Club: _____

First Name: _____ Surname: _____

Date of Birth: _____ Gender: M F
(Compulsory for all Competitors)

Phone: _____ Address: _____

Mobile: _____

Email: _____

Category of Membership

COMPETITORS ONLY (Please tick discipline ✓)

Swimming Water Polo Masters ✓ Diving

NON-COMPETITOR (Please tick role ✓)

| | |
|--|---|
| Training only (non-competing participant) | Designated Person |
| Chairperson/President | Club Children's Officer |
| Secretary | Coach/Teacher |
| Treasurer | Associate Member (please give Associate member number) |
| Committee Member | Other (please specify) |

Please list other Swim Ireland Clubs or 2nd Club you are involved with: _____

Do you agree to abide by the guidelines contained in the Code of Ethics and Good Practice for Children's Sport?
Yes / No

Do you agree to abide by the Child Welfare Guidelines and rules of Swim Ireland? Yes / No

Have you ever been asked to leave a sporting organisation? Yes / No
(If you have answered yes, we will contact you in confidence)

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

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

Parent's Signature: _____

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.

Club Secretary:

Signature: _____ Name: _____
(Please print)