

Poseidon Lifesaving Club

Club Membership Registration Form 2019 -2020

Section 1: **Member** Details

Name	
Date of Birth	
Gender	
RLSS UK Membership Number	
RLSS UK Member Expiry Date:	

Section 2: Parent/Guardian Contact Details

Name	
Address	
Eircode	
Mobile	
Email	
Emergency Contact Name:	
Emergency Contact Number:	

Section 3: *Member* Medical Information

Medical Condition	Yes/No	If Yes, please provide details & medication
Does the member have any medical conditions or allergies?		
Does the member have any past or current challenging or difficult behavioural needs that we should be aware of?		
Does the member have any past or current injuries that we should be aware of?		

Section 4: *Member* GP Contact Details

GP Name:	
GP Address:	
GP Phone:	

Section 5: Parent/Guardian Declaration

- My child and I have read and understood the Codes of Conduct, Policies & Disciplinary Procedures of Poseidon Lifesaving Club.
- My child and I will abide by the rules of Poseidon Lifesaving Club as described in the Poseidon Lifesaving Club Codes of Conduct for Members and Parents. We have signed and returned all required documentation to the Committee.
- I agree to fulfil my obligations described in the documents as Parent of a Poseidon Lifesaving Club.
- I give permission for the Coach/Team Manager to authorise competent medical authorities to undertake medical or surgical treatment to my child, should delay of my consent be contrary to my child's interest.
- I give permission that photographs/video images can be used on social media platforms, and local newspapers which are used solely for the promotion and celebration of Poseidon Lifesaving Club activities.
- Poseidon Lifesaving Club will be using “WhatsApp” as a primary communication tool. I consent as the parent/guardian to being added to the Poseidon Lifesaving Club WhatsApp group and understand that I can “opt-out” at any time.

Section 6: Parent/Guardian Consent

By returning this completed form, I hereby consent to my child taking part in Poseidon Lifesaving Clubs activities and am aware of the Clubs Safeguarding Policies and Procedures. I also consent to Poseidon Lifesaving club gathering and storing the required data in line with GDPR guidelines. I confirm that all details provided are correct and will advise you of any future changes. I acknowledge that Poseidon Lifesaving Club is not responsible for providing adult supervision for my child except during formal training sessions. I understand that the Codes of Conduct whilst representing Poseidon Lifesaving Club binds my child and me.

Name (Print): _____

Signature: _____

Date: _____