Poseidon Lifesaving Club  
New Membership Registration Form

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: ***Membe****r* GP Contact Details

|  |  |
| --- | --- |
| GP Name: |  |
| GP Address: |  |
| GP Phone: |  |

Section 5: **Parent/Guardian** Declaration

* My child and I will abide by the rules of Poseidon Lifesaving Club as described on the Poseidon Lifesaving Club website (www.poseidon.ie).
* My child and I have read and understood the Codes of Conduct, Policies & Disciplinary Procedures of Poseidon Lifesaving Club and agree to abide by them.
* My child and I have read and understood the child Safeguarding policies, Social Media policy & the Camera/Filming policy of Poseidon Lifesaving Club and agree to abide by them.
* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_