

**SWINFORD ATHLETICS CLUB**

**MEMBERSHIP FORM 2021**

**Guardian's Name:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**email:** \_\_\_\_\_

<b>MEMBERS NAME</b>	<b>DOB</b>	<b>€ Paid</b>

Swinford AC policies on Child Welfare, Film and Photography, Ethics and Codes of Conduct may be read on [swinfordac.com](http://swinfordac.com)

**Medical History**

Please provide details of any known allergies and medical conditions the member/s have.  
Please provide details of any medication that may be relevant.  
If you are unsure please speak with any of our coaches.

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In the event of illness or accident, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or suitably qualified medical practitioner.

**Photographs and Film**

I understand that photographs or film may be taken during training and or events for the promotion of the club including use on the club Facebook page and WhatsApp group. By signing the form below I have consented to this.

If you do not wish your child to be photographed or filmed please advise the Children's Officer in writing.

**GDPR**

Swinford Athletics Club collects personal data for the purpose of registration with AAI, compiling of club mailing lists on email, Text and for competition entries.

Collection, retention and distribution is controlled by the Registrar, data will be held for 1 year.  
Please indicate in the box that you agree to the above use of your data by Swinford Athletics Club

The club uses a WhatsApp group to provide up to the minute information regarding training and events.  
Please indicate if you wish to be included on this list, over 18's only.

You have a right to complain about any aspect of the clubs implementation of GDPR which will be followed up by the committee. I hereby consent to the above child(ren) participating in activities of Swinford Athletics Club in line with the Code of Ethics for Young People.

**Signature of Parent/Guardian:** \_\_\_\_\_

I hereby consent to participate in the activities of Swinford Athletics Club in line with the Code of Ethics

**Signature:** \_\_\_\_\_

Please indicate which areas you would be interested in offering your help;

Coaching:  Marshalling:  Catering:  Administration:  Fundraising: