

# Membership Form 2019/20

## Atlantic Masters

Please complete all details and return to the Membership Secretary  
Strictly over eighteens only.

Swim Ireland Number if existing member

### SECTION A: MEMBER DETAILS

Title:		Address 1	
First Name:		Address 2	
Middle Name:		Address 3:	
Surname:		Town:	
Date of Birth:		County:	
Gender		Country:	
*Phone:		*Mobile:	
*Email:			

### SECTION B: MEDICAL INFORMATION

Please detail below any important medical information that our coaches/team managers should be aware of (e.g. epilepsy, asthma, diabetes, allergies) **Please do not leave blank** – If there is no information please write 'None'

### SECTION C: EMERGENCY CONTACT DETAILS

Please indicate the information below to indicate the persons who should be contacted in the event of an incident/accident

Emergency Contact 1 Name:	
Emergency Contact 1 Relationship:	
Emergency Contact 1 Number:	
Emergency Contact 2 Name:	
Emergency Contact 1 Relationship:	
Emergency Contact 1 Number:	

**SECTION D: PHOTOGRAPHY & VIDEO & SOCIAL MEDIA**

Photographs/videos will be taken by an appropriate person appointed to do so by Atlantic Masters. Any images will be used, held and stored in accordance with the Swim Ireland Filming and Photography Policy as specified in latest version of the Swim Ireland Safeguarding Policies

Atlantic Masters use Social Media outlets such as Facebook, newspapers and Viber to share information relevant to the club. This involves using photographs/videos. Please note that Viber is a members group. As such Atlantic Masters does not have control over the content shared and therefore posts by members do not fall under the privacy statement of Atlantic Masters. This group is for registered members only and it is the responsibility of the club secretary ONLY to add members to this group.

I consent to have my email address included for promotional information about the club	
I consent to have my mobile number added to Atlantic Masters members WhatsApp group	

**SECTION E: CLUB PRIVACY STATEMENT**

Atlantic Masters take the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current future data protection legislation.

Please read the full privacy notice carefully to see how Atlantic Masters will treat personal information that you provide to us. We will take reasonable care to keep your information secure and to prevent unauthorised access.

Please see attached to this membership form Atlantic Masters privacy statement

**SECTION F: DATA SHARING WITH SWIM IRELAND**

When you become a member of or renew your membership with Atlantic Masters you will automatically be registered with Swim Ireland through the Swim Ireland online membership database. We will provide Swim Ireland with your personal data which they will use to enable your personal access to the membership database. Swim Ireland will contact you to sign in and update your profile (which, amongst other things allows you to set and amend your opt-ins and privacy settings). It is vital therefore that a valid email address is given, so that you can ensure that your data is correct and so that your own privacy settings.

If you have any questions about the continuing privacy of your personal data when it is shared with Swim Ireland, please view the privacy policy on the Swim Ireland website or on sign up through the online membership database you will be presented with the relevant policy.

## SECTION G: AGREEMENTS & CONSENTS

Atlantic Masters recognises the need to ensure the welfare and safety of all people in our sport. Please tick the appropriate boxes below to confirm the declarations.

I agree to abide by the Swim Ireland Safeguarding Policies (latest update) and Rules of Swim Ireland and Club?	
I agree to abide by the relevant code of conduct as laid out by Swim Ireland and Atlantic Masters?	
I have never been asked to leave a sporting organisation? (If you leave blank, we will contact you in confidence)	

By ticking the boxes below you consent to the following.

I consent to my special category personal data provided in Section B to be shared with coaches/team managers or other appropriate personnel for the purposes of the delivery of safe participation in club activities.	
I consent to my emergency contact details to be shared with coaches/team managers or other appropriate personnel in the case of an emergency.	
I confirm that I give permission to be filmed and/or photographed. Photographs and/or video may be used in accordance with the Swim Ireland Filming and Photography Policy.	
I confirm I have read and understood Atlantic Masters privacy statement	
If I am a competitive swimmer I agree to my personal data and swimming times to be held and processed through Hy-Tek's swimming software	

Members Name:	
Membership Number (if known):	
Members Signature:	
Date:	

### Declaration of the Club:

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: \_\_\_\_\_

Date: \_\_\_\_\_

*It is your responsibility as club secretary for ensuring the accuracy and validity of the information that you submit using this form and Swim Ireland accept no responsibility whatsoever for any errors or omissions that you may make.*