

9: MEMBERSHIP FORM – YOUNG MEMBERS

(All information given on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child).

MEMBERSHIP TYPE APPLYING FOR: *(please tick below)*

(for full details of membership types & benefits, please refer to: http://www.irishgymnastics.ie/gymnastics_ireland.cfm?ek=7)

Individual Membership Category

Recreation 4yrs & under
(on 1st Sept)

Recreation

Competitive

Student

CONTACT INFORMATION

Full Name:		Gender:	Male / Female
Club:		Date of Birth:	
Address:			
Home Tel:		Email:	
Mobile Tel: <i>(emergency contact)</i>			
Emergency Contact No.2	Name:	Mobile Tel:	
	Relationship to child:		

MEDICAL HISTORY INFORMATION *(details of any known allergies, conditions, etc.)*

I will inform the Coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

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In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

OTHER INFORMATION

Any other special needs, requirements or directions that would be helpful for Leaders to know about:

I give permission for my child to attend training sessions and competitions including trips to away events.

I have been made aware that Irish Gymnastics have developed the following policies and is committed to ensuring the safety of my child by having:

- | | | |
|------------------------|---|--|
| ■ Codes of Conduct | ■ Club Children’s Officer | ■ Guidelines on Confidentiality |
| ■ Transport Guidelines | ■ Photography Guidelines | ■ Clear Recruitment Guidelines for all |
| ■ Anti-Bullying Policy | ■ Disciplinary Procedures | ■ Supervision & Safety |
| ■ Anti-Doping Policy | ■ Club Designated Person for Child Protection | |

I hereby consent to the above named child participating in Irish Gymnastics activities in line with the “Code of Ethics & Good Practice for Youth Sport in Irish Gymnastics” (a copy is available to download from: <http://www.irishgymnastics.ie/ethics/ethics.cfm>) and agree to abide by its contents. I will inform the Club of any changes to the information above.

I confirm that all details are correct and I am able to give parental consent for my son/daughter to participate in and travel to all activities.

PARENT/GUARDIAN CONSENT

Signature _____ Date _____

Print Name _____

(IG is committed to ensuring that any information gathered in relation to our young members meets the specific responsibilities as set out under Data Protection advice).