



# Add/Update Member

## NAC MASTERS

You are using this form to: Add a new member  Update an existing member

Title

First Name

Middle Name

Surname

Date of Birth

Family Head

Phone

Mobile

Fax

Gender M  F

Address Line 1

Address Line 2

Address Line 3

Town

County

Country

Email

Website

### Roles

Chairperson  Secretary

Treasurer  Childrens Officer

Designated Person  Coach

Teacher  Tutor

Team Manager  Official

Committee member

### Disciplines

	Competitor	Non-Competitor
Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Synchronised Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Water Polo	<input type="checkbox"/>	<input type="checkbox"/>
Diving	<input type="checkbox"/>	<input type="checkbox"/>
Swimming - Masters	<input type="checkbox"/>	<input type="checkbox"/>
Swimming - Open Water	<input type="checkbox"/>	<input type="checkbox"/>

**For all NEW members this form must be printed, signed and the hard copy returned to Swim Ireland. Please also send by email – we will hold the form until the signed copy arrives.**

Do you agree to abide by the guidelines contained in the Code of Ethics and Good Practice for Children's Sport?

Yes  No

Do you agree to abide by the Child Welfare Guidelines and rules of Swim Ireland?

Yes  No

Have you ever been asked to leave a sporting organisation?

*(If you have answered yes, we will contact you in confidence)*

Yes  No

Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or are you at present the subject of criminal investigations?

Yes  No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If the Application is for an under 18 then the parent must also sign)*

Parent's Signature: \_\_\_\_\_

As the Club Secretary 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: \_\_\_\_\_

***Data Protection Notice***

*The NAC Masters Swimming Club collects data on behalf of Swim Ireland for Membership affiliation purposes.*

*Under the Data Protection Acts you have the right of access to information we hold about you on our records. You can exercise this right by e-mailing [membership@nacmasters.com](mailto:membership@nacmasters.com) If anything is inaccurate or incorrect, please let us know and we will correct it.*

*I agree to allow the NAC Masters Swimming Club to contact me via text message or e-mail in relation to club activities and general club notices.*

*Signed:* \_\_\_\_\_

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