

PERSONAL INFORMATION

Athlete Name.....
Swim Ireland Registration Number.....
Home Telephone Number.....
Mobile Telephone Number.....
Address
.....
Date of Birth.....
Mother's Name.....
Father's Name.....
Athlete's e-mail address.....
Parent's e-mail address
Mother's Mobile Telephone Number.....
Father's Mobile Telephone Number
Mother's Work Telephone Number.....
Father's Work Telephone Number
Family GP.....
GP Telephone Number.....

The athlete's e-mail address & mobile phone number can ONLY be retained & used with the express consent of the parents / guardians

MEDICAL INFORMATION

Do you have any specific medical conditions requiring medical treatment and/or medication? Yes No If yes, please give details.

Do you take any dietary or nutritional supplements? Yes No If yes, please give details – including dosage and frequency.

What type of pain relief (if any) may be given to you if considered necessary?

Do you suffer from asthma? Yes No

Are you required to have a Therapeutic Use Exemption Form (TUE) Yes No

If so, is it valid? Yes No

Do you take any medication for asthma? Yes No If yes, please give details.

Do you have any food, drug or other allergies? Yes No If yes, please give details.

Do you suffer from any disabilities (physical, visual or hearing) or learning/recognised behavioural problems that could affect your behaviour while training (e.g. ADHD)? Yes No If yes, please give details.

Do you have any specific dietary needs? Yes No If yes, please give details.

Do you have up to date tetanus cover? Yes No

Have you / your child been in contact with any contagious or infectious disease or suffered from anything in the last 4 weeks that may be contagious or infectious? Yes No If yes, please give details.

When was your most recent dental health check? _____

Is there any other information that Swim Ireland need to be aware of? Yes No If yes, please give details.

DATA PROTECTION

1. Swim Ireland is committed to ensuring the data protection rights of you and your child. The information that you submit on this form is collected and processed in accordance with the Data Protection Acts, 1988 & 2003 and our privacy policy available at www.swimireland.ie. Please ensure you read and understand this privacy policy before submitting this form. Any sensitive personal data contained on this form will only be made available to those persons that strictly require access to it, namely internal Swim Ireland personnel and members of the Irish Institute of Sport or Sport Northern Ireland who accompany or assist you on our activities. The confidentiality of the information will be respected at all times.

2. All information submitted with this form will be stored and destroyed in accordance with Swim Ireland's internal Data Retention Policy. Under the Acts you have the right to request that we destroy the information collected on this form at any time.

DECLARATIONS

1. I have received details of the activity to be undertaken & consent to myself / my child taking part in all the activities indicated. I acknowledge that Swim Ireland will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for myself / my child. I understand that the staff has a common law duty to act in the capacity of a reasonable prudent parent. I understand that I / my child may be required to undergo physical & physiological testing of attributes such as height, weight, flexibility and strength and may be asked to perform various activities, both in & out of the water, on equipment associated with their particular discipline. Some performance tests & activities will require me / my child to give maximum effort. I have not been informed, by any medical practitioner, of anything which would lead me to believe that participation of me / my child in such activities would be dangerous.

2. I am aware of the Swim Ireland Rules, Disciplinary Policy & Codes of Conduct & acknowledge the need for adherence to these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such action involves expense, I accept a responsibility to meet any such costs reasonable incurred.

3. I have read and understood the Swim Ireland Privacy Policy. In signing this form, I hereby consent to Swim Ireland collecting and processing the information that I have provided on this form on my behalf and behalf of my child or ward and consent to sharing this information with the persons listed in the Data Protection section above. I am aware that the information declared by me in this form may be retained by Swim Ireland in paper or electronic form.

4. I give Swim Ireland the authority to communicate with the swimmer directly by email on the strict understanding that Swim Ireland will always copy me with any communications sent.

5. To the best of my knowledge & belief, the information given above is complete & accurate and I undertake to keep Swim Ireland informed of any changes that may arise in relation to the above information.

6. I am responsible for ensuring that any medication or supplements that I use are checked and permitted by the World Anti-Doping Association

7. In order to take part in this specific event this form must be fully completed and returned to ensure the well-being of all participants. Failure to complete and return this declaration will result in de-selection of the swimmer from the event.

POWER OF ATTORNEY & TRAVELLING PERMISSION

POWER OF ATTORNEY

I do hereby appoint the appointed Team Manager or his / her designate (such as a member of the Swim Ireland Team staff), as my true and lawful attorney in fact under Section 16 of the Powers of Attorney Act, 1996, with full power to: / in loco parentis to my child to:

- (i) Complete any required Documentation with regard to me / my child competing in international competitions as part of the national team
- (ii) Decide upon and consent to the rendering of any medical treatment, including surgery, which he/she deems to be in the best interest of the health and welfare of me / my child, if I am not for any reason available to give my consent to such medical treatment.

TRAVELLING PERMISSION

Only applicable to swimmers/players UNDER 18 years

I give my permission for my child to travel in the care and responsibility of the appointed Team Manager or his / her designate (such as a Swim Ireland appointed Team Manager or Coach) with regard to travelling as part of the Swim Ireland National Team.

Signed by Athlete.....
Date.....

Signed by Parent / Guardian.....
Date.....
(if under 18 years)