



Wexford Pool & Surf Lifesaving Club

2014 Membership Form

Please use block capitals when completing this form.

Member Details

Name: _____

Address: _____

Date of Birth: _____ Gender: M / F *Mobile No.: _____

*Email: _____

*only to be filled in if the member is 18+ or where the parent/guardian would like the member to be contacted by email/text about any information regarding training, events, etc. Otherwise all information will be sent to the contact information given below in the Emergency Contact Details section.

Medical Information

Please indicate if there is any important information that needs to be brought to the club's attention (e.g. asthma, epilepsy, diabetes, etc.) _____

Emergency Contact Details

Name: _____

Address: _____

Relationship: _____ Mobile No.: _____

Email: _____

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First Time Members

What level of Swimming/Water Safety have you achieved? _____

At what venue did you last take part in a Swimming/Water Safety class? _____

If you have any other experience or qualifications please specify: _____

Please tick where appropriate:

I agree that my child's photo may be taken during the course of Surf Lifesaving, in accordance with the Irish Water Safety Child Protection Guidelines, and that such photographs may be used in the promotion of "Wexford Water Safety" or "Irish Water Safety".

Yes No

I (the member and the parent/guardian) have read the Wexford Pool & Surf Lifesaving Club Code of Conduct, and agree to adhere by it.

Yes No

I agree to allow Wexford Pool & Surf Lifesaving to pass on any information above to Wexford Water Safety and/or Irish Water Safety, should the need arise. (This will only happen where the member is not registered with Irish Water Safety, our governing body)

Yes No

Members Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

(If under 18)