**REGISTRATION FORM 2019-20**

**Junior Members**

**It is very important that you please answer all questions – *thank you***

|  |  |
| --- | --- |
| **Name** |  |
| **Known as** |  |
| **Date of Birth** |  |
| **Address (please include postcode)** | **Postcode:** |
| **Parent Contact Details** *Contact details to be used for notification of matches, training etc* | **Name:**  **Address (if different from above):**  **Mobile Tel:**  **Home Tel:**  **E-mail Address:** |
| **Disability / Medical Conditions / Allergies**  **(if any)** |  |

I wish to become/renew a member/membership of Diamonds Water Polo Club and confirm my allegiance to all club & governing body rules & regulations

Please tick the box if you **DO NOT** give permission for your child's photograph to be taken and used [in line with child protection best practice] on our website and in the media in connection with club events, such as prize giving, tournaments, games etc

In brief, Diamonds Water Polo Club will comply with GDPR Data Protection as outlined fully in the Swim Ireland Policy which can be found at: <http://www.swimireland.ie/files/images/general/SwimIrelandDataProtectionGDPR-Privacy-Notice-MembersVolunteersCustomersParticipantsMay2018.pdf>

Please detail if you are happy to be contacted by Post \_\_\_ Email \_\_\_ Telephone (including Whatsapp) \_\_\_ by club representatives for official club purposes.

Child Signature …………………………………… Date ……………………………..

Parent Signature............................................... Date ............................................