**REGISTRATION FORM 2019-20**

**Senior Members**

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

|  |  |
| --- | --- |
| **Name**  |  |
| **Date of Birth** |  |
| **Swim Ireland Number****(if known)** |  |
| **Contact Details** *Contact details to be used for notification of matches, training etc* | **Address (please include postcode)****Postcode:** **Mobile Tel:****Home Tel:****E-mail Address:** |
| **Disability / Medical Conditions / Allergies****(if any)** |  |
| **Emergency Contact** | **Name****Number****Email address** |

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 photograph to be taken and used 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.

 Signature............................................... Date ............................................