**Junior Membership Form**

**[INSERT Club NAME]**

We are very pleased that you wish to apply to join **[INSERT CLUB NAME]**.

To ensure we have the correct contact details for you, please fill out this form and give it back to **[INSERT NAME OF CLUB JUNIOR COORDINATOR]**.

All those under 18 years of age, must ask their parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

**Dear Parent/Carer,**

Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child or young person.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/ Young Person’s Full Name:** | |  | |
| **Address:** | |  | |
|  | |
|  | |
| **Home Tel. Nr:** | |  | |
| **Age:** |  | **Date of Birth:** |  |
| **Gender:** | | Male  Female | |
| **Name of any friend/relative already attending the club** | |  | |
| **Emergency contact name:** | |  | |
| **Emergency Tel No** | | **Home:** | |
| **Mobile:** | |
| **If unavailable contact** | | **Name:** | |
| **Tel:** | |
| **Relationship to child:** | |
| **GP/Doctor’s Name:** | |  | |
| **GP/Doctor’s Tel Nr:** | |  | |
| **Details of swimming ability or any concerns about activity near the club rowing venue**  **[insert your own wording]** | |  | |
| **Details of any known special dietary requirement/allergies/ medical conditions** | |  | |
| **Any other special needs,**  **Requirements or directions that would be helpful for the coaches to know about** | |  | |

*The contact details given should those of the parent/carer and if clubs believe they need the contact details of any young person they should make that explicate and clarify the reasoning behind wanting direct communication with young people. Parents’ mobile number should still be recorded as they need to be informed of any change of plans, as well as the young person.*

PARENT/CARER STATEMENT

I will inform the coaches/designated safeguarding children officer of any important changes to my child’s health, medication or needs and also of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**I have been made aware that Rowing Ireland and this club have both adopted a Safeguarding/Code of Ethics policy and they are committed to ensuring the safety of my child by having:**

* A Coach’s Code of Conduct
* Clear Recruitment Policy which includes vetting all coaches and volunteers
* A Transport Policy
* A Photography Policy
* An Anti-bulling Policy
* Disciplinary Procedures
* A Designated Safeguarding/ Children’s Officer
* Guidelines on Confidentiality

The **[INSERT CLUB NAME]** is committed to ensuring that any information gathered in relation to our juniors meets the specific responsibilities as set out in the relevant Data Protection legislation.

The **[INSERT CLUB NAME]** coach/ rowing development officer will store the above information on their juniors database for a maximum of 12 months before re-registering the athlete if still associated with the club.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent\* for my child to participate in and travel to all activities. By returning this completed form, I agree to my son/daughter/child in my care taking part in the regular activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

|  |
| --- |
|  |
| **Signature of Child/ young person Date** |
| **Signature of Parent/Guardian Date** |
| **Print Name Parent/Guardian** |

**Please return this form to the relevant Coach or Manager**

Parental consent is defined:

In NI, by the Children (NI) Order 1995 Article 6 (i):

Natural mother always has parental responsibility.

Natural father gains parental responsibility:

* If married to the mother at the time of birth or subsequently marries her
* Through an agreement witnessed by solicitor or a Parental responsibility Order
* Post 15 April 2002 if they jointly register the baby’s birth

In RoI by the Guardianship of Children Acts, 1964 to 1997:

Natural mother always has parental responsibility.

Natural father gains parental responsibility:

* If married to the mother at the time of birth or subsequently marries her, or;
* Through an order under Section 6A (inserted by the Status of Children Act, 1987) of the Act of 1964.

(This consent form will remain valid for one year)

**It is not compulsory that the following section is completed but it is important for this information to be gathered.**

Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

|  |  |
| --- | --- |
| White ⬜  British ⬜  Irish ⬜  Any other white background (please specify)    Mixed ⬜  White and Black Caribbean ⬜  White and Asian ⬜  White and Black African ⬜  Any other mixed background (please specify)    Chinese or other ethnic group ⬜  Chinese ⬜  Any other (please specify) | Asian ⬜  Indian ⬜  Pakistani ⬜  Bangladeshi ⬜  Any other Asian background (please specify)    Black ⬜  Caribbean ⬜  African ⬜  Any other Black background (please specify) |

DIsability

Disability Discrimination legislation defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability? Yes ⬜ No ⬜

If yes, what is the nature of your disability?

Visual impairment ⬜

Hearing impairment ⬜

Physical disability ⬜

Learning disability ⬜

Multiple disability ⬜

Other (please specify):

**ROWING HISTORY**

Have you tried Rowing before? Yes ⬜ No ⬜

If yes, where have you did this: (please indicate below)

Primary school ⬜

Secondary school ⬜

Local Council coaching session(s) ⬜

Club ⬜

County ⬜

Other (please specify):