



Nenagh Neptune Swim Club

NEW SWIMMERS / LAPSED MEMBERS

NEW MEMBERS ARE ALWAYS WELCOME IN NENAGH NEPTUNE SWIMMING CLUB

Applicants should download the application form below.

When completed they should send form via email to NNSCSecretary@gmail.com.

The application will be acknowledged and held on file until the next trial date (usually held at the start of the season during September)

Applications received up to and including Friday 19th September 2014 will be considered – no applications will be considered after this day.

Nenagh Neptune Swimming Club is a competitive community based club and priority will be given to candidates living within a **15km radius of Nenagh**.

Priority will also be given to children who have siblings in the club.

**Swimmers who are invited for trials will be required to swim:
50M FRONT CRAWL, 50M BACK CRAWL, 50M BREAST STROKE.
NOT ALL APPLICANTS WILL BE INVITED FOR TRIALS**

Those that are invited for trials will be assessed on their swimming on the night of the trials and assessors
DECISION WILL BE FINAL.

CANVASSING WILL DISQUALIFY

Children who are invited for trials will be notified of the result by letter/email



Nenagh Neptune Swim Club

Application for Entry to Nenagh Neptune Swimming Club

Child's Name _____ Date of Birth _____

Address: _____

Parents Details:

Mothers Name _____

Phone No _____

Fathers Name _____

Phone No _____

Contact EMail address _____

Are you/or have you previously been a member of Nenagh or any other swimming club? _____

If Yes please provide club name _____

Do you have a brother/sister in Nenagh Neptune Club? _____

Your child will be assessed on their swimming on the night and the assessor's decision is final.

Candidates will be notified by email/letter

Please email this form to NNSCSecretary@gmail.com or bring along to the introductory night.

Swim Ireland Number if existing member

Club ID:

Title:

First Name:

Middle Name:

Surname:

Date of Birth:

Family Head ID:

Phone:

Mobile:

Club Name:

Gender:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Email:

Please Tick here if this person is a head of family

If not can you enter the ID of the head of their family (U21)

Roles:

Chairperson	<input type="checkbox"/>	Head Coach	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	Coach	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	Teacher	<input type="checkbox"/>
Designated Person	<input type="checkbox"/>	Team Manager	<input type="checkbox"/>
Children's Officer	<input type="checkbox"/>	Official	<input type="checkbox"/>
Committee Member	<input type="checkbox"/>		<input type="checkbox"/>

Disciplines:

	Competitor	Non-Competitor
Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Water Polo	<input type="checkbox"/>	<input type="checkbox"/>
Diving	<input type="checkbox"/>	<input type="checkbox"/>
Masters	<input type="checkbox"/>	<input type="checkbox"/>
Open Water	<input type="checkbox"/>	<input type="checkbox"/>
Synchronised Swimming	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Do you agree to abide by the Safeguarding Children Policies and Procedures and rules of Swim Ireland and Club?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to abide by the code of conduct as laid out by Swim Ireland and Club?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been asked to leave a sporting organisation? (If you have answered yes, we will contact you in confidence)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or are you at present the subject of criminal investigations?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Signature: _____ Date: _____
 (If the Application is for an under 18 then the parent must also sign)

Parent's Signature: _____

By signing this form you give your club secretary permission to enter your details onto the Swim Ireland online database. Please remember that the information you are sending to Swim Ireland Head Office through this form is personal data and must be treated in accordance with the Data Protection Acts, 1988 and 2003. Please read your club's data protection policy for further information.

Declaration of Club Secretary:

As the Club Secretary I confirm that the above named has been accepted and is involved as a member of the club, and I have verified their date of birth.

Club Secretary: Signature: _____ Name: _____

For all NEW members this form must be printed, signed and the hard copy kept by the club for official records. *Please note evidence that the club are holding these forms in a safe and secure location will form part of the Club Mark process.

It is your responsibility as club secretary for ensuring the accuracy and validity of the information that you submit using this form and Swim Ireland accept no responsibility whatsoever for any errors or omissions that you may make.