

# Membership Form

Please complete all details and return to secretary \_\_\_\_\_



## MEMBER DETAILS

|                |  |          |  |
|----------------|--|----------|--|
| First Name:    |  | Surname: |  |
| Date of Birth: |  | Gender:  |  |
| Phone*:        |  | Email:   |  |
| Address*:      |  |          |  |

\*Please note: If the member is U18 contact details should be the parent/carers

## MEDICAL INFORMATION

Please outline any medical information that our coaches / team managers should be aware of, including any allergies. **Please do not leave blank.** If there is no information please write 'none'.

|  |
|--|
|  |
|--|

## EMERGENCY CONTACT DETAILS

Please input the information below to indicate the persons who should be contacted in the event of an accident or incident.

| Emergency Contact 1     |  | Emergency Contact 2     |  |
|-------------------------|--|-------------------------|--|
| Name:                   |  | Name:                   |  |
| Relationship to member: |  | Relationship to member: |  |
| Phone Number:           |  | Phone Number:           |  |

## PHOTOGRAPHY & VIDEO

We only permit photographs, video or other images of children / young people to be taken with consent and in line with best practice guidelines.

Photographs or videos will be taken by an appropriate person appointed to do so by [insert club name]. Any images will be used, held and stored in accordance with Filming and Photography guidelines as specified in the Softball Ireland Safeguarding Policies. No child or young person will be identified individually in any published image or film footage. [Insert club name] request permission to photograph and / or record video footage of your child's involvement in their sport for the purposes of publicising and promoting the club and / or sport.

## GENERAL DATA PROTECTION

[Insert club name] take the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with data protection legislation.

When you become a member of or renew your membership with [insert club name] you will automatically be registered with Softball Ireland. It is vital, therefore, that a valid email address is given. If you have any questions about the continuing privacy of your personal data when it is shared with Softball Ireland please contact [secretary@softball.ie](mailto:secretary@softball.ie).

## AGREEMENTS & CONSENTS

[Insert club here] recognises the need to ensure the welfare and safety of all young people in our sport. Please tick the appropriate boxes below to confirm your agreement and consent:

I agree to abide by the Softball Ireland Safeguarding Policies

I agree to abide by the relevant code of conduct as laid out by [insert club name]?

**By ticking the boxes below you consent to the following:**

I consent to my special category personal data provided in Section B to be shared with coaches / team managers or other appropriate personnel for the purposes of the delivery of safe participation in club activities.

I consent to my emergency contact details to be shared with coaches / team managers or other appropriate personnel in the case of an emergency.

I confirm that I give permission to be filmed and / or photographed. Photographs and / or video may be used in accordance with the Softball Ireland Filming and Photography Policy.

### Member Signature:

Name:

Signature:

Date:

### Parent / Guardian Signature (if member is under 18 years of age):

Parent / Guardian Name:

Parent / Guardian Signature:

Date:

## CLUB DECLARATION

I can 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:

Secretary Name:

Signature:

Date: