

Membership Form - Under 18

Name **Gender**

Address **DOB**

I hereby apply for Membership of Gymnastics Ireland.

Parent/Guardian contact phone number

Parent/Guardian contact email (if available)

MEMBERSHIP TYPE APPLYING FOR: (please tick below)

Recreation 4yrs & under (on 1st Sept)	<input type="checkbox"/>
Recreation	<input type="checkbox"/>
Competitive	<input type="checkbox"/>
Student Under 18	<input type="checkbox"/>

MEDICAL INFORMATION

Medical information provided will be treated as private and confidential by both Gymnastics Ireland and relevant member club.

Please outline any medical information (i.e allergies, conditions, medication) which may impact on your health, welfare or behaviour while participating in our activities (for example – epilepsy, asthma, special dietary requirements etc...).

Insert relevant medical information

I consent to the sharing of my personal medical data outlined above for the purposes of delivery of my safe participation in gymnastics and administering medical assistance if required.

Not providing consent will not affect your membership to the Club, however giving us consent to share this information will help volunteers and administrators to know how to respond effectively in the case of any medical emergency.

MEMBERSHIP OPT-IN AGREEMENT

By applying for membership of Gymnastics Ireland (GI) through a GI registered club I confirm the following:

- I understand and agree to abide by the constitution, rules and policies of Gymnastics Ireland, including data protection policies, which can be viewed via the GI website via <https://www.gymnasticsireland.com/about/structure-policy>.
- I understand and agree to the responsibilities which I have regarding these policies
- I have read and understand the privacy notice which can be viewed via the GI website via <https://www.gymnasticsireland.com/about/structure-policy/data-protection-privacy>. This details how GI will treat the personal data I have provided to GI and forms part of GI's data protection policies which are designed to ensure my data is processed in accordance with data protection legislation
- I agree to allow GI and my member club to contact me in relation to the promotion of the sport of gymnastics and GI member services
- I agree to allow GI to contact me regarding the services of official GI partners
- I agree for the club to provide me with updates regarding club activities such as competitions, training, meetings and club events such as fundraising activities and social occasions
- I consent to photographs or video images being taken of me during my involvement in GI activities, which may be used to promote the sport by the club or Gymnastics Ireland.
- I consent to the sharing of my personal medical data outlined above for the purposes of delivery of my safe participation in gymnastics and administering medical assistance if required
- In the event of illness/injury, I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners. If my next of kin cannot be contacted and I require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication

I confirm that I have read and understood the permission statements above and the data protection privacy notice.

I have read the important points above and have given my consent by signing below;

In the event of an under 18 member I as legal parent/guardian give my consent by signing below;

Signed (parent/guardian if U18)

Date

Print Name

Club: