



**Est: 1996**  
**SLIABH BEAGH**  
**AMATEUR SWIMMING CLUB**

**WELCOME PACK**



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**SLIABH BEAGH AMATEUR SWIMMING CLUB**

FORMS

Please complete the following forms which are in your welcome pack.

1. Sliabh Beagh Amateur Swimming Club membership form (Form 1)
2. Application for membership of Swim Ireland. (only to be completed if your child will be competing) Please tick swimming in "competitor only" section (Form 2)
3. Standing Order Mandate. If you decide to pay by standing order you will need to complete this form and return it to your bank (Form 3).
4. Health/Medical Form (Form 4)
5. Code of Conducts. To be signed by child and parent/guardian. (Form 5,6,7,8)

**Please return all to secretary.**

**PAYMENT OF FEES**

Payment may also be made in advance for the full year or tri-annually if preferred. If you decide not to pay by standing order you can contact the Treasurer or Secretary of the Club to make alternative arrangements.

Yours in Swimming

*Claire Sheridan.*

Club Secretary.  
087 2909777



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**September 2016**

**2016 - 2017 Squad timetables are as detailed below:**

<b>SQUADS</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>SENIOR</b>	5.45am – 7.45am	5.45am – 7.45am	5.45am – 7.45am	5.45am – 7.45am	5.45am – 7.45am	Off	7am – 10.00am
<b>INTERMEDIATE</b>	5.45am – 7.45am	5.45am – 7.45am		5.45am – 7.45am	5.45am – 7.45am	Off	7am – 10.00am
<b>JUNIOR</b>		5.30pm - 7pm	7pm – 8.30pm	6.30pm – 8pm		Off	8.00am – 10am
<b>SENIOR AQUA</b>		4.30pm – 5.30pm		5.30pm – 6.30pm		Off	8.00am – 10am
<b>JUNIOR AQUA</b>				4.30pm – 5.30pm		Off	8.00am – 10am
<b>DEVELOPMENT</b>						8am – 9am	



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**REGISTRATION FORM 2016/2017**

To be completed on behalf of both new and existing members at registration day, or when joining the club throughout the year. All applications for membership are subject to approval by the Club Committee.

**NOTE:** New members must also complete an Application for Membership of Swim Ireland (Form 2). Membership of the Club is renewed on an annual basis covering the period September to June inclusive.

PARENTS of swimmers under 18 years of age are responsible for paying fees in respect of their child's/children's membership. The obligation applies even if the member leaves the Club with accrued debts. Swimmers with debts cannot transfer to another club until all debts have been settled.

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

CONTACT: (M) \_\_\_\_\_ (H) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\*PREFERRED METHOD OF CONTACT: TEXT / HOME / EMAIL

**SWIMMERS DETAILS:**

NAME	D.O.B	SQUAD	COMPETITIVE Y/N

CONSENT TO TAKE SWIMMER TO HOSPITAL / DOCTOR: YES / NO

CONSENT TO TAKE PHOTOS FOR CLUB WEBSITE/NOTICEBOARD /PAPER: YES / NO

**(\*ALL PHOTOS TAKEN WILL ADHERE TO CODE OF ETHICS)**

ACKNOWLEDGE RECEIPT OF CODE OF CONDUCT YES / NO

I wish to apply for membership of Slabh Beagh Amateur Swimming Club on behalf of the above swimmer (s). I agree to pay ALL Club related fees incurred by the above whilst a member of the Slabh Beagh Amateur Swimming Club.

SIGNED:\* \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\* (To be signed by a parent/guardian if applying on behalf of a swimmer under 18 years of age)**



# Add/Update Member

Club Id \*

Club Name

You are using this form to:  Add New Member  Update/Reset all Details of a Member  Update Selected Details of a Member

Title

First Name \*

Middle Name

Surname \*

Date of Birth

Family Head Id

Phone

Mobile

Fax

Gender \* M  F

Address Line 1 \*

Address Line 2

Address Line 3

Town \*

County \*

Country \*

Email

Website

Fields marked with asterisk \* are **MANDATORY** and must be completed

**Roles**

Chairperson  Secretary

Treasurer  Childrens Officer

Designated Person  Coach

Teacher  Tutor

Team Manager  Official

Committee member

**Disciplines**

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

**For all NEW members this form must be printed, signed and the hard copy returned to Swim Ireland. Please also send by email – we will hold the form until the signed copy arrives.**

Do you agree to abide by the guidelines contained in the Code of Ethics and Good Practice for Children's Sport? Yes  No

Do you agree to abide by the Child Welfare Guidelines and rules of Swim Ireland? Yes  No

Have you ever been asked to leave a sporting organisation?  
(If you have answered yes, we will contact you in confidence) Yes  No

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? Yes  No

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

Parent's Signature: \_\_\_\_\_

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: \_\_\_\_\_

**Submit**



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**SLIABH BEAGH AMATEUR SWIMMING CLUB****STANDING ORDER MANDATE****(Parents – please pass this form directly to your bank)**

To: The Manager \_\_\_\_\_  
 (Name/Branch of your bank)

You are hereby authorised to set up a Standing Order on My/Our account as specified below. My/Our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

**Please charge to**

My/Our account No: \_\_\_\_\_

Sorte Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Account: \_\_\_\_\_

Start Date: \_\_\_\_\_ until further notice

Amount per month: € \_\_\_\_\_

Beneficiary: **Sliabh Beagh Amateur Swimming Club**  
 Beneficiary's Bank: **Permenant TSB, Dawson Street, Monaghan.**  
 Beneficiary's A/c No: **00346861**  
 Sort Code: **99-06-13**

**IMPORTANT**

***Please note that for Sliabh Beagh Amateur Swimming Club to be able to identify this payment, it is vitally important that the Standing Order is identified as***

“ \_\_\_\_\_ ”(Full name of Swimmer)

**SLIABH BEAGH A.S.C**  
**HEALTH/MEDICAL FORM 2016-17**

1. Does he/she suffer from travel sickness, asthma, chest complaints, wheezing or hay fever, migraine, fits or faints, severe period pains, diabetes, nervous disorders, any other illness or disability. Yes/No

If yes, please provide full details:

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2. Is he/she allergic to anything? (Antibiotics, particular foods or drugs etc) Yes/No

If yes, please provide full details:

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3. Does he/she have any special dietary requirements? Yes/No

If yes, please provide full details:

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4. Is he/she receiving any medical treatment or taking any medication/drugs, whether prescribed, over the counter or homeopathic, at present? Yes/No

If yes, please provide full details of the ailment and how and when the medication/drugs are taken.

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5. Has he/she had any contact with any infectious illnesses within the last month? Yes/No

If yes, please give details below:

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Additional Information (Delete as appropriate)

Are you registered disabled? yes / no

Do you have a sight disability? yes / no

Do you have a physical disability? yes / no

Do you consider yourself to have special needs? yes / no

Do you have specific medical needs? yes / no

Declaration

The information I have supplied is accurate and correct.

I am in good health and have no medical conditions which prevent me from competing / training with Sliabh Beagh Amateur Swimming Club.

Name of swimmer \_\_\_\_\_ Signature of swimmer\_\_\_\_\_

Name of parent/ guardian \_\_\_\_\_ Signature of parent/guardian\_\_\_\_\_

Date:\_\_\_\_\_

**SLIABH BEAGH A.S.C.**  
**Photography and Video Consent**

Photographing/Videoing during Swim Ireland/Regional/Club events/training

**Sliabh Beagh Amateur Swimming Club** request permission to use individual and group photographs and/or video footage for training, competition and/or promotional purposes. This permission is sought on the basis that the Club will follow and adhere to the Swim Ireland photography and filming guidelines (Swim Ireland Guidelines for Safeguarding Children 2010 and any updates issued).

Attendance at a Swim Ireland or Club event may result in participants being photographed or filmed as part of the occasion, either as an individual or as a member of a group.

Participants may also appear in a photograph or video inadvertently.

All participants must accept this.

Parent/Guardian of Participant (if under 18)

**I confirm that I give permission for my child to be filmed and/or photographed as part of Swim Ireland/Regional/Club events and/or training**

Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Date: \_\_\_\_\_



## **SLIABH BEAGH A.S.C.**

### **Parents/Guardians Code of Conduct**

To assist in the promotion of good practice with the club parents/guardians should:

- Be encouraged to become members of the club and to contribute their time and effort in the daily running of the club. No club can operate successfully without their help.
- Be available for poolside duty and/or other duties if and when required.
- Be aware of the Code of Ethics for Young People in Sport, the Swim Ireland Child Welfare Guidelines, the rules and constitution of Swim Ireland and the rules and constitution of their own club
- Be aware of the relevant Leaders and their role within the club
- Show respect for Coaches/leaders and their decisions
- Be informed of the training and/or competitive programmes
- Ensure that the environment is safe and enjoyable for your children
- Encourage their child in fair play
- Behave responsibly on the pool deck and viewing areas
- Focus on their child's efforts rather than performance
- Focus on the fun and participation of their child in the activity
- Liaise with the Leaders in relation to the times/locations of training sessions, medical conditions of their children and any other requirement for their child's safety.
- Avoid communicating with coaches/teachers during sessions, organise time to speak to them outside session times
- Out of courtesy, if possible, inform the coach if their child will not be attending sessions
- Have a right to have their comments and suggestions considered and their complaints acknowledged and dealt with as they arise through an effective and confidential complaints procedure.
- Accept that a swimming club is not a baby-sitting service
- Be responsible for their children's safety, including delivering and collecting them to/from training and events from the time the coaching session or event starts and immediately after it ends
- Not leave their children waiting unsupervised at the pool at any time.
- Ensure their children are always in possession of direct contact information should this be required for any reason.
- Adhere to rules/guidelines in relation to the possession and use of mobile phones, picture mobiles, cameras and video cameras.
- Adhere to rules and regulations of the Sliabh Beagh Amateur Swimming Club.

**Parents should always remember that children play sport for their own enjoyment not that of the parents/guardians.**

***I have read, understand and accept the terms of the Code of Conduct of Parents/Guardians***

Parent's Signature: .....Date.....

Parent Name (please print).....

Swimmers Name(s): .....  
 .....  
 .....  
 .....

## **SLIABH BEAGH A.S.C.**

### **Young Person's Code of Conduct**

#### **Young swimmers should always:**

- Treat Sports Leaders who may be teachers, coaches, club officials or parents with respect
- Play fairly at all times, do their best
- Respect team members, even when things go wrong
- Respect opponents, be gracious in defeat
- Abide by the rules set down by Swim Ireland and their Club
- Talk to the Coach, Team Captains, Club Children's Officer or Committee Member if they have any problems.

#### **Young swimmers should never:**

- Cheat
- Use violence
- Use physical contact that is not allowed within the rules
- Shout or argue with officials, team mates or opponents
- Harm team members, opponents or their property
- Bully or use bullying tactics to isolate another person
- Use unfair or bullying tactics to gain advantage
- Use bad language
- Take banned substances
- Keep secrets about any person who may have caused them harm
- Tell lies about adults/young people
- Spread rumours
- Behave in a manner that might bring Swim Ireland or their Club into disrepute

***I have read and agree to abide by the above Code of Conduct***

Signature of Young person ..... Date .....

Please print name.....

Signature of Parent/ Guardian..... Date.....

Please print name.....

## **SLIABH BEAGH A.S.C.**

### **Away Trip Code of Conduct**

- All team members are required to join the team at the point of departure and return to that point with the team. Requests for individual exceptions from the travel plan must be communicated to the Team Manager/Coach, well in advance of departure and will only be considered in exceptional circumstances.
- From arrival at the meeting point, you are responsible to the appointed Team Officials until the trip is complete and the team disperses.
- As a representative of your Club, you are expected to dress and behave in a fitting manner.
- Socially improper language is not acceptable, in the company of your team-mates or in public.
- Team members must attend all meetings and other functions as directed by the Team Officials.
- Punctuality is required on all occasions.
- Curfews or other restrictions are in your interests and must be observed.
- Swimmers must join the team free of the effects of alcohol and are not permitted to consume alcohol until the competition/camp is over.
- Swimmers are required to ensure that the Team Manager/Coach is fully informed of approved medications required. If a medical doctor has approved the medication then a written statement from them as to its content and dosage is required to be presented to the Team Manager/Coach prior to the trip. You may need to obtain a Therapeutic Use Exemption Form with respect to certain medications you are on. Under FINA Law YOU are responsible for ensuring that you do not breach FINA drug laws and you may be required to submit to a FINA drug test.
- It is important that there is mutual respect and unity amongst team members. Swimmers with a grievance should communicate it to the Team Manager/Coach who is authorised to deal with their grievance on the trip. If they are still dissatisfied with the outcome or the Team Manager's/Coach's decision, they may appeal it to the Club or Swim Ireland Complaints Committee on their return from the trip.
- Team members are required to sit with the Team and to communicate with the Team Coach shortly before and shortly after their race.
- Any necessary departure from the Team or its daily plan should be discussed with the Team Manager/Coach.
- Any form of sexual activity is considered inappropriate within a training and or competition experience and is therefore forbidden whilst the swimmer is under the jurisdiction of the Team Manager/Coach.
- The Team Manager has the authority to deal with all disciplinary matters and the duty to impose sanctions. These may include withdrawal from further competition or sending home of swimmers. Serious breaches of this Code will be reported to the Club Complaints Committee, who may take further action.

***I have read the Code of Conduct and agree to its terms;***

**Signed:** ..... (swimmer)      **Dated:** .....

**Print Name:**.....

*If the swimmer is under 18 years of age, a parent or guardian is required to sign below.*

***I agree that my son/daughter/ward sign the above and I accept that the terms of the Code of Conduct will apply to them whilst members of the Sliabh Beagh Amateur Swimming Club Team***

**Signed:** .....(parent/guardian) **Dated:** .....

**Print Name:**.....

You are advised to maintain a copy of this document for reference.