

**Private and Confidential.**



Office use only:
Date Received: _____
Fee enclosed: € _____
Completed/on system: _____
Signed: _____

**2017/2018 MEMBERSHIP REGISTRATION FORM**  
**Membership Year July 1<sup>st</sup> 2017 to June 30<sup>th</sup> 2018**

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

Date of Birth: \_\_\_\_\_ Male ( ) Female ( )

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

Contact Phone Number: \_\_\_\_\_

Additional phone numbers \_\_\_\_\_

E-Mail Address (Please print clearly) \_\_\_\_\_

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

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

*(If different from above)* \_\_\_\_\_

Parent / Guardian Phone Number: \_\_\_\_\_

School/Service Currently Attending \_\_\_\_\_

**Please Note 1 Vote Per Member**

All members over 18 years of age are entitled to vote.  
Any member under 18 years of age or who is unable to vote can nominate a family member, guardian or advocate to vote on their behalf.  
This designated person must be over 18 years of age and present at the A.G.M.

Name of Member: \_\_\_\_\_

Name of Designated Voter: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms should be returned to: Lakers, The Brady Centre, Seapoint Road, Bray Co.Wicklow
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<b><i>Please note: There is an Annual Membership Fee of €20 which should accompany your forms. Do not send cash in the post. Cheques should be made payable to 'Lakers'</i></b>
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**Texting**

We hope to have a text service in place shortly to communicate with our membership and our membership’s circle. Please bear in mind the message may be important i.e.

Possible notice of a class cancellation etc.

Texting to let our membership know of other events (fun days, fundraising activities, Special Olympics) and happenings

**Please tell us which Mobile Number / Numbers that we should use to contact you**

Mobile 1: \_\_\_\_\_ Mobile 2: (optional) \_\_\_\_\_

**CONSENTS**

**Please ensure you have answered all 4 permission requests**

Do you give consent for your son / daughter / client to have photographs taken for promoting activities or events relating to Lakers?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you give consent for your son / daughter / client to have photographs published on Social Media e.g. (Facebook, Twitter, Instagram)?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you give consent for your son / daughter / client to have photographs published on Lakers website?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Data Protection**

At times our funding agencies require us to share information with them to compile statistics on services / activities attended.

Do you give consent to pass on this information

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**I agree that all of the above information is correct and accurate.**

Signed: Member \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



## Sensory requirements

Does your son/ daughter / client have Sensory Processing / Sensory Integration difficulties?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please tick the appropriate box and give examples / details  
(over responder / under responder):

Vision

Auditory

Tactile

Proprioception  
(Body awareness)

Vestibular system  
(Movement & balance)

Olfactory (smell)

**Please ensure all questions are answered**

**Behaviour**

Does your son / daughter / client have any behavioural challenges?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies**

Does your son / daughter / client have any Allergies?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diet**

Are there any dietary requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health**

Are there any health issues which may cause you concern?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Activities

Are there any activities you would not wish you son / daughter /client to partake in?

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i.e. Swimming, Climbing etc.

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## Personal Care

Are there any aspects of personal care that your son / daughter / client may require help with: feeding, toileting, dressing etc.?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes please give details \_\_\_\_\_

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## Relationships

Please give details of any concerns you may have in terms of relationships?

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## Checklist

Have you answered every question?

Have you included your payment of €20?

Have you answered yes or no to all 4 consent questions?

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**Completed forms should be returned to:**

**Lakers**

**The Brady Centre, Seapoint Road**

**Bray**

**Co.Wicklown**

**Cheques** should be made payable to 'Lakers'

**Please do not send cash in the post.**

- If you wish to make an electronic payment through your bank **please make sure to use your surname as reference so we know who the payment is from ( e.g Jones)**

- IBAN: IE63AIBK93348108704090

- BIC: AIBKIE2D

**Thank you.**