

Private and Confidential.
Information provided will be recorded in our member database.



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

19 MEMBERSHIP REGISTRATION FORM
Membership Year July 1st 2019 to June 30th 2020

Please complete all fields:

Member Name: _____

Date of Birth: _____ Male Female

Postal Address
(For Billing and Class Information) _____

Contact Phone Number:
(for class information and text messages) _____

Additional phone numbers _____

Member Phone Number _____

E-Mail Address
(For Billing and Class Information) _____

Parent /Guardian Name: _____

Home Address:
(if different from postal) _____

Parent / Guardian Phone Number: _____

School / Service Currently Attending _____

Lakers AGM Voter Nomination

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: _____



Lakers is committed to reducing our carbon footprint and improving sustainability for our children and children's children, we plan to make all future application forms and information available to you via email; in order to do so we need know an email address which you have access to. (Please write clearly)

Email: _____

Data Protection

Please check the box, beside the relevant statement, if you wish to **OPT-IN**

Promotional photographs / videos for promoting Lakers club activities/programme/event

Photographs / videos published on the following Lakers Social Media accounts:



At times our funding agencies require us to share information with them to compile statistics regarding our membership / attendance of activities / events.

I agree and Opt-In to allow Lakers pass on this information

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

Signed: Member _____ Date: _____

Signed: Parent/Guardian _____ Date: _____

Please let the Lakers Office know at your earliest convenience if you will not be able to attend an activity/event.



Medical & Consent Form 2019/2020

Please complete all fields:

Name _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Number: _____

Member's Medical Diagnosis: _____

Does your family member/service user have: Epilepsy: Yes No

If yes: In the event of a seizure, is Buccal Midazolam used to stop a prolonged convulsive seizure: Yes No

Administration of Emergency Medication: (Buccal Midazolam)

Criteria and timeline for Administration of Emergency Medication:

If a seizure occurs do you give consent for trained Lakers staff/volunteers to administer

Buccal Midazolam? YES NO

Does your Family member have	Yes	No
Allergies		
Sensory requirements		
Behavioural challenges (1:1 etc)		
Dietary requirements		
Health issues		
Personal Care		

If yes please give accurate details (this will not affect class selection or involvement in classes): _____



Activities

Are there any activities you would not wish your family member /client to partake in e.g. Swimming, Climbing? _____

Relationships

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

Is there any additional information you feel we should know?

Checklist

- Have you answered every question?
- Have you included your payment of €20?
- Have you answered yes or no to all 4 consent questions?

Completed forms should be returned to:

Lakers
The Old Schoolhouse,
Eglinton Road,
Bray
A98 P6X9

Please do not send cash in the post.

Cheques should be made payable to 'Lakers'

Electronic payment may be made into Lakers' bank account, using the member's surname & initials as reference to enable us to allocate the payment (e.g AB Jones):

IBAN: IE63AIBK93348108704090
BIC: AIBKIE2D

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 '