

Private and Confidential.

Information provided will be recorded in our online member database.



MEMBERSHIP REGISTRATION FORM
Membership Year 2022/23

Office use only: Date Received: _____ Fee enclosed: € _____ Completed/on system: _____ Signed: _____ Number: _____
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Please complete all fields in BLOCK CAPITALS

Member Name: _____

Date of Birth: _____ Male Female

Contact Information:

Postal Address _____

Main Contact/ TEXT Phone Number: _____

Member Phone Number: _____

Emergency Contact Number: _____

E-Mail Address _____

(For Billing and Class Information)

School / Service Currently Attending _____

Parent /Guardian Name: _____

Home Address (if different from postal): _____

Parent / Guardian Phone Number: _____

Parent / Guardian Email: _____

Text Messaging

We often use text messaging to communicate with our members regarding important items such as class cancellation and communication regarding special or activities events (e.g. fun days, fundraising activities, Special Olympics).

Please indicate which Mobile Numbers to send such messages to:

Mobile 1: _____ Mobile 2: (optional) _____

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: _____

Data Protection

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

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- I Opt-In to have photographs / videos taken of myself or my family member / client for promoting Lakers club activities/programme/events
 - I Opt-In to have photographs / videos of my family member / client published on the following Lakers Social Media accounts: Facebook Twitter
Instagram YouTube LinkedIn Lakers Website

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- **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**
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Medical & Consent Form 2020/21

Member Name _____

Address _____

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

Sensory requirements

Does your family member /service user have Sensory Processing / Sensory Integration difficulties? YES NO

If yes please give details: _____

Behaviour:

Are there any behavioural challenges? YES NO

If yes, please give details and please state that member will be supported 1:1 as required

Allergies:

Does your family member/service user 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 _____

Personal Care:

Are there any aspects of personal care that your family member/client may require help with: feeding, toileting, dressing etc.? YES NO

If yes please give details _____

Relationships:

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

Activities:

Are there any activities you would not wish your family member/client to partake in e.g.

Swimming, Climbing? YES NO If yes please give details: _____

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

Signed: Member _____ Date: _____

Signed: Parent/Guardian _____ Date: _____

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

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
Co.Wicklow

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