

Private and Confidential.

Information provided will be recorded in our online member database.



Office use only:

Date Received: _____

Fee enclosed: € _____

Completed/on system: _____

Signed: _____

MEMBERSHIP REGISTRATION FORM
Membership Year 2023/24

Please complete all fields in BLOCK CAPITALS

Member Name: _____

Date of Birth: _____ Male Female

Contact Information:

Parent/Guardian Name: _____

(Please only use one of each)

Contact/Text Phone Number: _____

E-mail Address: _____

Member Phone Number (where applicable): _____

Address: _____

School/ Service: _____

Emergency contact info:

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Number 1: _____

Emergency Contact Number 2: _____

Lakers AGM Voter Nomination

All members over 18 years of age are entitled to vote. Any members 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: _____



Medical & Consent Form

Name of Member: _____

All questions below must be answered to proceed with registration:

1.

	Yes	No	Please give more details
Does the member have an intellectual disability?			

Awaiting diagnosis, please give more details: _____

2.

	Yes	No	Please give more details
Does the member have any allergies?			
Does the member carry an epi-pen?			

3.

	Yes	No	Please give more details
Does the member have Epilepsy?			If YES, please arrange to speak to a member of management to discuss Lakers Epilepsy management plan.
If a seizure occurs, do you give consent for trained Lakes staff/volunteers to administer Buccal Midazolam?			

In the event of anyone experiencing a seizure in the care of Lakers it is Lakers policy to phone an ambulance for medical assistance.

4.

	Yes	No	Please give more details
Are there any health concerns that you think are relevant to Lakers?			

5.

	Yes	No	Please give more details
Does the member have any dietary requirements?			

6.

	Yes	No	Please give more details
Are there any aspects of personal care that the member may require help with?			

7.

	Yes	No	Please give more details
Does the member use/require assistive aids?			

8.

	Yes	No	Please give more details
Will the member be attending Lakers activities/events with external staff support?			

We recommend new members attend activities with a trusted person until they become familiar with Lakers. Staff will advise when it is appropriate to step back.

9.

	Yes	No	Please give more details
Will the member travel to and from Lakers independently?			

10.

	Yes	No	Please give more details
Are there any activities you would not wish the member to partake in?			

11.

	Yes	No	Please give more details
Are there any concerns you may have in terms of relationships with others?			

Data Protection

I have read the important Data Protection information on the reverse of this form and have given my consent, by ticking the boxes and signing below, for my information to be used as follows: (Please tick as appropriate)

- To provide me with details of Club activities, fundraising activities, and social occasions, etc.
- I am aware that I/the members photograph, or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used by the Club for items like annual reports, event reports or on the Club website or social media channels. (*We use these photos to educate the public about Lakers.*)
- I understand the personal data on this form (“Personal Data”) will be used by Lakers for the contractual purpose of registering (or re-registering) and maintaining my Membership, and notifying me of Club activities such as activities, matches, meetings and Club events.
- I understand that the Personal Data will be retained by Lakers for such period as my Membership subsists.
- I understand that I can resign my Membership by writing to the Club and my Personal Data will then be erased.
- I understand that my Personal Data will also be used for administrative purposes to maintain my Membership including club and team administration, registrations, and for statistical purposes.
- I understand that if I do not provide my Personal Data my Membership cannot be registered with the club.

Signed: _____

Date: _____



Member Communication

Help us get to know you:

I prefer to communicate:

- Verbally
- Visual Aids
- Communication Boards
- Voice Output Communication Aids
- Lámh or Sign
- Other: _____

I may have sensory reactions to:

If I am upset, I may:

Please provide any additional relevant information here:

I agree that all the information provided is correct and accurate.

Signed: Member _____ Date: _____

Signed: Parent/Guardian _____ Date: _____

Checklist:

- Have you answered all questions in the Membership registration section? Pg 1**
- Have you answered all questions in the medical & consent section? Pg 2-4**
- Have you answered the data consent questions? Pg 4**
- Have you answered all questions in the members communication? Pg 5**
- Have you included your payment of €20?**

Please note any blank fields will result in a returned membership form which will delay this registration process.

Completed forms should be returned to:

Lakers
The Old Schoolhouse
Eglington Road,
Bray,
Co. Wicklow
A98 P6X9

Or emailed to:
info@lakers.ie

Payments can be made by card over the phone by calling 01-2022694 or in the office.
Please do not send cash in the post. Cheques should be made payable to "Lakers".

Payments can 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

IMPORTANT NOTIFICATION

The following Privacy Information is being provided to you as outlined in the General Data Protection Regulation. It is intended to inform you of how the Personal Information provided on this form will be used, by whom and for what purposes. If you are unclear on any aspect of this form, or want any further information, please contact Lakers Data Protection Officer Joe Kelly on 01-2022694

What is the purpose of processing my Personal Data?

The purpose for processing your Personal Data is that it is necessary for the performance of a contract to register and maintain your membership with the Lakers.

The purpose is also to keep you informed of Lakers events and fundraisers. We will only use your personal data for this second purpose if you have provided your explicit consent for this by ticking the boxes on this form.

Will anyone else receive a copy of my Personal Data?

Your Personal Data can be accessed by Lakers staff for administrative purposes. This will be done in accordance with our data protection policy only.

Where is your Personal Data stored?

Your data will be stored electronically on Lakers Membership Database which is provided by Salesforce and Accounts IQ.

How long will your Personal Data be stored for?

Your Personal Data will be held for the duration of your Membership, and it will be deleted by us if you resign your Membership. However, we may retain your Personal Data after your Membership ceases if we decide that it is strictly necessary to do so in the circumstances in accordance with our data retention policy.

How can I obtain a copy of the Personal Data held by the Club?

You have the right to request a copy of all your Personal Data and can do so by contacting us. This information will be provided to you within one month.

What are my privacy rights relating to my Personal Data?

You have the right to have your Personal Data updated, rectified, or deleted in certain circumstances. You have the right to object to your Personal Data being processed and to withdraw your consent to processing - You can do so by contacting us.

Where can I get further information?

Further information regarding your rights can be obtained through the **Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28** or on the website www.dataprotection.ie