

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 2025/26

Section 1: Member Details

Please write clearly in CAPITAL LETTERS. All fields are required unless marked optional

Member Name: _____

Date of Birth: _____ Male ☐ Female ☐

Activity Updates E-mail Address: _____

Activity Updates Phone Number: _____

Member Phone Number (where applicable): _____

Billing E-mail (if different from above): _____

Parent/Guardian Name: _____

Address: _____

School/ Service: _____

Emergency contact info:

Emergency Contact Name: _____

Relationship to member: _____

Emergency Contact Number 1: _____

Emergency Contact Number 2: _____

Section 2: Medical Information & Consent

Please answer all questions. If 'Yes' please provide brief details.

Does the member have an intellectual disability?		
Does the member have Epilepsy?		If YES, please speak to a member of staff to discuss Lakers Epilepsy policy.
In the event of anyone experiencing a seizure in the care of Lakers it is Lakers policy to phone an ambulance for medical assistance.		

Does the member have any allergies?		
Does the member carry an epi-pen?		
Does the member have any health concerns?		
Does the member have any dietary requirements?		
Does the member need help with personal care?		
Does the member use/require assistive aids?		

Section 3: Participation & Communication

Will the member be attending Lakers activities/events with external staff support?		
Will the member travel to and from Lakers independently?		
Are there any activities the members should not partake in?		
Are there any social or interpersonal concerns we should be aware of?		

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.

I prefer to communicate:

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

If I am upset, I may: _____

I may have sensory reactions to: _____

Section 4: Consent & Signatures

☐ I consent to be contacted about Lakers activities, events and updates

☐ I consent to photos/videos being used in reports, websites or social media.

Lakers AGM Voter Nomination

All members aged 18 and over are entitled to vote. Members who are under 18, or unable to vote, may nominate a family member, guardian, or advocate to vote on their behalf. The nominated person must be over 18 and present at the AGM.

Designated Voter: _____

I understand my data will be stored securely and only used for membership purposes.

I agree that all the information provided here is correct and accurate. I understand that if any of the information I have provided changes throughout the year, it is my responsibility to update Lakers.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Checklist:

- ☐ **Have you answered all questions in the member details section? Pg 1**
- ☐ **Have you answered all questions in the medical & consent section? Pg 1-2**
- ☐ **Have you answered the consent & signatures questions? Pg 3**

Please note incomplete forms will be returned, which may delay the registration process.

Completed forms should be returned to:

Lakers
The Old Schoolhouse
Eglinton 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

Privacy Statement (Summary)

The personal data provided on this form is collected by Lakers for the purpose of processing and managing your membership, as well as communicating with you about club activities, events, and fundraisers (if you consent).

Your data will be stored securely in our membership systems and accessed only by authorised Lakers staff and volunteers. It will be retained for as long as your membership is active and deleted when no longer needed, in line with our data retention policy.

You have the right to access, correct, or delete your data, and to withdraw consent at any time by contacting our Data Protection Officer Joe Kelly- joe.kelly@lakers.ie

For full details, please refer to our Privacy Policy at www.lakers.ie/terms-conditions or contact us at info@lakers.ie