



## Registration Form for Swim or Water Safety Weeks

Payment received: Yes / No

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Venue: County:	Enrolment for Class:
Instructor(s):	Date of Week:
Please list any known and relevant medical conditions:	Your Contact Number: Alternative Contact Number:

**Please note that**

**(a) Your child will ONLY be supervised during class times as follows:**

**From**        / /20\_\_\_\_ **to**        / /20\_\_\_\_

**Times: From**        **to**        **each day**

**(b) It is your responsibility at the end of class to ensure their safety in all respects.**

**(c) In the event of an emergency we will call the emergency services and contact you. In event that we cannot contact you on the above numbers we will request the attendance of the ambulance Service and other appropriate emergency services and your child will be removed to hospital for treatment.**

**(d) Safeguards – we are committed to the safeguarding of children. You are required to ensure your child is collected at the agreed times. In the event that you do not collect your child and we cannot contact you on the above numbers, we may contact An Garda Síochána to report a Child Safeguard concern and your child may be taken away by the Gardai to ensure their safety.**

**(e) The above named child will become a young member of WSI**

I agree to my child participating in the water safety week and I acknowledge I am responsible for my child outside of class times. Neither I nor my child **will use** a photographic device at this event, and I understand that this important rule is in the interests of child protection. I also agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018

Name in Block Capitals: \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_