



Athlete Development Program 2018-2019

APPLICATION FORM

Incomplete forms will be rejected, please type on to form and print prior to adding signatures

Athlete personal details	
Please note swimmer's mobile number and email address is required for group communication. Parent/ carer will be copied on email communication	
Name	
Date of birth	
Mobile phone number	
Email address	
Club name	
Swim Ireland ID	
Parent/ carer contact details (under 18's only)	
Name	
Email address	
Mobile phone number	
Club nomination	
On behalf of (insert club name) we recommend the above-named athlete for the development program	
Chairperson/ Secretary name	
Chairperson/ Secretary signature	
Coach name	
Coach signature	

Consent and commitments (please tick or mark with X)

I agree to abide by Swim Ireland code of conduct	
I agree to abide by Swim Ireland photography and filming policy	
I agree to volunteer with my club/ region for a minimum of 20 hours over the 2018-2019 season	
I agree to volunteer at the Leinster Minor Schools Championships on Sunday 21 st October 2018	

Signatures

Athlete	
Parent/ carer (under 18's only)	

Completed form to be returned to Kinny Bolton by 30th September by email leinsteradmin@swimireland.ie

(Please scan and save as a PDF document)