

Connacht Squad Application Form

This form should be used by clubs to claim a place on the Connacht Region Swim Ireland Squad where a swimmer has achieved the Connacht Regional Standard.

Claims should only be submitted by clubs, on behalf of their swimmers

Personal Details

Name			
Date of Birth			
Swim Ireland Number			
Address			
Nationality			
Passport Number			Expiry Date
Name per Passport			

Contact Details

Club			
Club Coach Name			
Parent / Guardian Name			
Parent / Guardian Number			
Parent / Guardian email			
Swimmer Mobile			

Qualification Time Details

Event	Time Achieved	Competition / Venue	Date

State National Squad and /or Performance Centre that swimmer signed up to:

We verify that the above information is correct:

Swimmer: _____ Date: _____

Parent/Guardian: _____ Date: _____

Club Coach: _____ Date: _____

Club Secretary: _____ Date: _____

Completed forms should be forwarded to :

Secretary, Connacht Region Swim Ireland.

Ann Marie Fadden Ballykill, Breaffy, Castlebar, Co.Mayo

This information is collected, stored and used in line with the Data Protection Act 1998& 2003.

Parents / Guardians should be assured that Connacht Region Swim Ireland is committed to compliance with the Data Protection Act.