



PENKRIDGE CRICKET CLUB



Junior Player Registration Form 2023 Season

Registration options for 2023:

Payments can be made by Card at the Club upon completion of this form or by Bank Transfer if completing this form and returning via email. Please use details below and include your Child's name as the banking reference:

Penkridge Cricket Club

Sort Code 20-81-00

Account 40700096

Email forms and notification of payment to secretary@penkridgecc.co.uk

Membership Type – Includes training top (Delete as appropriate)

Junior £45	Sibling £25
------------	-------------

Weekly Drawer membership available from 50p per week

Prizes range from £25 per week.

Please indicate if you wish to join. Drawer organiser will contact you separately re payment.

Yes	No
-----	----

Age Group (Please indicate)

Under 9 (yr 3/4)	Under 10 (yr 5)
Under 11 (yr 6)	Under 12 (yr 7)
Under 13 (yr 8)	Under 15 (yr 10)

Personal details Player / Parent / Guardian

Name of Player:	
Date of Birth:	
Age:	
School Year:	
Home Address:	
Postcode:	

Parent / Guardian:	
Email address of Parent / Guardian:	
Telephone number of Parent / Guardian:	

Alternative Emergency contact

In the event of an incident or emergency situation, where a parent or legal guardian named above cannot be contacted, please provide details of an alternative adult who can be contacted by the club. Please make this person aware that their details have been provided as contact.

Name of Alternative contact:	
Contact number:	
Relationship to child:	

Disability

The Equality Act 2010 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities’.

Do you consider this child to have an impairment? **Yes / No** (please circle)

If yes, what is the nature of their disability?	
---	--

Sporting Information

(Please indicate)

Has this child played cricket before?	Yes / No
If yes, where:	Primary School Secondary School Special Educational needs School Cricket Club County Local Authority coaching session(s) Other, please specify:

Medical Information

Please detail below any important medical information that our coaches need to know, such as:

- Allergies
- Medical conditions, for example, Epilepsy, Asthma
- Current medication
- Special dietary requirements
- Additional needs
- Injury

Please let us know if you wish to discuss privately.

Medical Info	
---------------------	--

Please ensure all medication is available at all times.

Medical Details:	
Name of Doctor / Surgery:	
Doctor's telephone contact:	

Consent Notices

Can the child named be photographed or filmed for coaching purposes?	Yes / No
Can the child named be registered on Play Cricket, used for the purpose of recording match fixtures and result?	Yes / No
Do you give consent for the group coach to have access to the details within this form?	Yes / No
Do you allow Penkridge CC to share details of forthcoming events at Penkridge CC with you?	Yes / No

Consent Statement from Parent/Guardian

Legal authority to provide consent:

I confirm I have legal responsibility for: *(insert name of child)* and I am entitled to give this consent. I confirm to the best of my knowledge, all information provided on this form is accurate and I will undertake to advise Penkridge Cricket Club of any changes to this information.

Medical consent

I give my consent / I do not give my consent (**delete as appropriate**) that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency First Aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult which I have named. I confirm to the best of my knowledge, my child/the child in my care does not suffer from any medical condition other than those detailed by me within this form.

Consent to Participate

I agree / do not agree (**delete as appropriate**) to the child named in this form taking part in the activities of the club. This consent only relates to Junior Cricket. Please see the Open Age cricket policy for more information on juniors playing in open age group cricket. All junior policies can be found at www.penkridgecricketclub.co.uk

Data Protection

Penkridge Cricket Club will use the information provided within this Membership form (together with other information it obtains about the player) to administer his/her cricketing activity at the Club and in any activities in which he/she participates through the Club and to care for and supervise activities in which he/she is involved. In some cases, this may require the Club to disclose the information to County Boards, Leagues and to the England and Wales Cricket Board. In the event of a medical issue or child protection issue arising, the Club may disclose certain information to Doctors or other medical specialist and/or to Police, Children's Social Care, the Courts and/or Probation Officers and potentially to legal and other advisers involved in an investigation.

As the person completing this form, you must ensure that each person whose information you include in this form knows what will happen to their information and how it may be disclosed

- By returning this completed Junior Membership Form, I agree to my child/the child in my care taking part in the activities of Penkridge Cricket club
- I confirm that I have legal responsibility for the child named above and that I am entitled to give this consent
- I understand that I will be kept informed of activities at Penkridge Cricket Club, e.g. details or times and transport
- I understand that in the event of injury or illness all reasonable steps will be taken to contact me / the alternative contact and to deal with that injury/illness appropriately
- I confirm that to the best of my knowledge all information provided in this form is accurate and I will inform Penkridge Cricket Club of any changes to this information in a timely manner.

Signed :

Name:

Date: