



Junior Player Registration Form (u18s) 2019 Season – Penkridge Cricket Club

Type of Membership: Junior - £25.00 / Sibling - £15.00

Payment Type – Cheque/Cash

Age Group (please circle) – U9 (Year 4) U10s (Year 5) U11 (Year 6) u15s (Year 7/8/9)

Section 1 Personal Details for Young Player and their Parent/Guardian

Name of Junior Player:

Date of Birth:

Age:

School Year:

Home address:

Postcode:

Parent/Guardian Name:

Email address for parent/guardian:

Home telephone number for parent/guardian:

Mobile telephone number for parent/guardian:

Section 2 Emergency Contact Details

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 his/her details have been provided as a contact for the club:

Name of an alternative adult who can be contacted in an emergency:

Phone number for alternative named adult:

Relationship which this person has to the child:

Section 3 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? (Please tick)

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other (please specify):



Section 4 Sporting Information

Has this child played Cricket before? Yes/ No
If yes, where has this been played? (please tick)
Primary school
Secondary school
Special educational needs school
Other (please specify):
Cricket Club
County
Local authority coaching session(s)
Other (please state)

Section 5 Medical information

Please detail below, any important medical information that our coaches/junior co-ordinator need to know. Such as: allergies; medical conditions (for example - epilepsy, asthma); current medication; special dietary requirements, any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us.

Medical Details:

Name of Doctor/Surgery name:

Doctor's telephone number:

Please ensure all medication is available to junior players at all times

Consent Statement from Parent/Legal Guardian

Legal authority to provide consent:

I confirm I have legal responsibility for (name of child)_____ and 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 the club of any changes to this information.



Medical consent

I give my consent/I do not give my consent (circle 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 in section two of this form. 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 in section five of this form.

Consent to Participate

I agree/I do not consent (circle as appropriate) to the child named above 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

Please tick here if your child can be photographed or filmed for coaching purposes

Please tick here to allow the club to register the child on Play Cricket, which is used for the purpose of recording match fixtures and results

Please tick here for the age group coach to have access to the details on this form

Please tick here to allow us to share details of forthcoming events at xxxx CC with you



Data Protection

Penkridge Cricket Club will use the information provided on 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 specialists 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 in section 1 above, and that I am entitled to give this consent.
- I understand that I will be kept informed of activities at Penkridge Cricket Club – for example details of times and transport etc.
- 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 the club of any changes to this information in a timely manner.

Signed:

Name

Date: