

BARFORD CRICKET CLUB JUNIOR MEMBERSHIP FORM

Section 1 – Personal Details of the child applying for Junior Membership

Name: Date of Birth:

Address: Name of School:

.....

.....

.....

Section 2 – Consent Details of Parent / Legal Guardian

Name: Relationship to Child:

Address: Telephone number:

..... Mobile number:

..... Email address:

.....

Are you already a Club or Team Member:

Section 3 – Emergency Contact Details (alternative contact please)

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 or her details have been provided as a contact for the Club.

Name: Relationship to Child:

Address: Daytime telephone number:

..... Evening contact number:

Section 4 – Sporting Information.

Has the Child played Cricket before? Yes or No (Please circle)

If yes, where have they played Cricket?

Section 5 – information about any impairment or allergies.

Please provide information about any impairment or allergies your child may have so that we can determine what reasonable adjustments may be required to support your child’s full participation in Club activities.

Do you consider your child / the child in your care to have an impairment?

If yes, what is the nature of the impairment?

Does your child / the child in your care have any allergies?

What, if any, specific action or care needs to be taken with any declared allergy?

Section 6 – Medical information.

Name of Doctor / Surgery

Doctor / Surgery Telephone number:

Medical Consent – please tick.

- I give my consent that in an emergency situation, the Club may act in my place, (in 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 as the relevant parent / legal guardian, or the alternative adult I have named in section 3 of this form.

- I confirm that to the best of my knowledge, my child / the child in my care does not suffer from any medical condition other than those detailed above.

Section 7 – Codes of Conduct

- **Code of Conduct for Adult members and Guests – Code of Conduct/Set of Rules for Young People**

Please read these codes, which are attached in you Membership information (supplied).

- I have read these codes and shown the Junior Code to my child. I agree to abide by them.

Section 8 – Data Protection

The Club will use the information provided on the 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 or the England Cricket Board (ECB). 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 the police, children's social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in any 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 Barford 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 Barford 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 the 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.

Name of parent / legal guardian:

Signed:

Date:

(To be completed by the child applying for junior membership)

Name:

Signed:

Date: