**Barwell Cricket Club**



**2020 Junior Membership Form**

This form is designed to be completed by the parent or legal guardian of any player under the age of 18. It should also be signed by the player themselves (if 12 years or older). We will also use this information to ensure that you are kept informed about events and information concerning the club.

Parents/Legal Guardians detailed in this section will be automatically given a non-playing club membership to ensure they are covered by the club's insurance policy. Please ensure the consents on page three are completed and that all parents/guardians sign where indicated.

**Data Protection.**

The club will use the information provided on this form, as well as other information it obtains about the player, (together “**Information**”) 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 ECB. In the event of a medical or child safeguarding 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 each person whose information you include in this form knows what will happen to their information and how it may be disclosed.**

|  |
| --- |
| Applicant Information |
| Name of Child: | Child’s Date of Birth: |
| Name (Parents / Guardians): |
| Current Address: |
| Post Code: | Email (Parents/ Guardians): |
| Home Phone: | Mobile Phone: |
| Emergency Contact (\*please supply a different number to the one(s) above) |
| In the event of an incident or emergency, 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: |
| Full Name: | Phone: |
| Relationship: |
| 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 |
| If yes, what is their disability? |  |
|  Visual Impairment Hearing impairment Physical impairment |  Learning disability Multiple disability |  Other (please specify): |
| sporting information |
| Has this child played cricket before? |  Yes No |
| If yes, where has this been played? |
|  Primary school Secondary school Special education needs school Other (please specify): |  Club County Local authority coaching sessions |
| medical information |
| Please detail below, any important medical information that our coaches/junior coordinator need to know. Such as: allergies; medical conditions (for example - epilepsy, asthma, and so on); current medication; special dietary requirements, any additional needs, and/or any injuries. **NB:** Please indicate if you would like to discuss this privately with us. |
|  |
| Name of doctor/surgery name |
| Doctor’s telephone number |
| consent statement (\*Please tick as appropriate) |
| **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 that in an emergency, the club may act in my place (loco parents), 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 formI 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 the medical information section of this form |
| **Consent to participate:** |
|  | I agree 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) |
| I confirm I have read, or been made aware of\*, the club’s policies concerning: |
|  changing/ showering transport children photography/ video managing children away from home |  missing children playing in adult matches anti-bullying and the code of conduct social media, text and email |
| *\* The club’s policies can be found on the club’s external notice board and website (*[*www.barwellcc.co.uk*](http://www.barwellcc.co.uk)*).*  |
|  | I understand and agree to the responsibilities which I and my child have in connection with these policies |
|  | I consent to the club photographing or videoing my child’s involvement in cricket under the terms and conditions in the club photography/video policy. [NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE] |
|  | I confirm I have been given details of the home and away fixtures in which my child may participate |
| **Signed (parent/legal guardian):** | **Date of signing:** |
| Printed name of parent/legal guardian who has completed this form: |
| **Consent from child in connection with club photography/video policy**(For players aged 12 – 18) Please indicate if you DO or DO NOT agree with the statement below: |
|  | I consent to the club photographing or videoing my involvement in cricket under the terms and conditions inthe club photography/video policy. [NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE] |
| **Signed (by child if 12 years or older):** | **Date of signing:** |