

Rolleston Cricket Club – Junior Registration Form

(To be completed by ALL NEW Junior Members and Existing Junior Members who have a change of details)

We are very pleased to welcome you to Rolleston Cricket Club. To ensure we have the correct contact details for you, please fill out this Membership Form and return it to the club.

If you are under the age of 18 please also ask your parents / carer or legal guardian to sign the Membership Form before it is returned. We will also use this information to ensure that you are kept informed about events and information from the club.

Section 1 – Personal Details (young people under the age of 18)

Name:

Date Of Birth: Age:

School Year: Please Highlight. u9 Year 4, u11 Yr 5&6, u13 Yr 7&8, u15 Yr 9&10, u17 Yr 11&12.

Name of School/College:

Section 2 – Personal Details (Parent / Legal Guardian)

Name:

Address:

Post Code:

Tel Home

Mobile

Work

Email address



Section 3 – Emergency Contact Details (alternative 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 his or her details have been provided as a contact for the Club:

Name

Relationship to Junior

Address

Postcode

Telephone

Section 4 - Sporting Information

Have you played Cricket before? Yes No

If yes, where have you played Cricket: (please indicate below)

Primary School Secondary School Special Education Needs School

Local Authority Coaching Sessions Club County

Other (Please specify)

Section 5 – 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 their ability to carry out normal activities’.

Do you consider this child to have impairment? Yes No

If yes, what is the nature of your disability?

Visual Hearing Learning Multiple Physical

Other (Please specify)



Section 6 – Medical Information

Name of Doctor/Surgery

Tel number:

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. any allergies, epilepsy, asthma, diabetes etc.) Any current medication, Dietary requirements, any additional needs, and/or any injuries.

Please indicate if you would like to discuss this privately with us.

Medical consent: Please tick

- I give my consent that in an emergency situation, the Club may act *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 that all reasonable steps will be taken to contact me or the alternative adult which I have named in section 6 of this form. I also 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 in section 6 of this form.
- I do not give my consent
- I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me above.

Section 7 – Membership status of parents/carers

The constitution of the club provides for visitors to matches to be deemed as occasional members of the club, but parents and carers are warmly invited to become social members of the club and thereby enjoy all the privileges, including voting rights, which this brings.

Section 8 – Data Protection

The 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.

Consent Statement from Parent / Legal Guardian to participate

Do not tick if you do not give your consent.

I confirm that I have legal responsibility for (name of child)
and I am entitled to give this consent.

I give my consent for my child to be photographed or filmed.

I give my consent to allow the club to register the child on Play Cricket. *(Play cricket is used for the purpose of recording match fixtures and results).*

I give my consent for the age group coach to have access to the details on this form

I give my consent for you to share details of forthcoming events and club news with you via your email address.

By returning this completed Membership Form, I agree to the child in my care taking part in the activities of Rolleston CC. *(This consent only relates to JUNIOR Cricket).* Please see the Open Age cricket policy for more information on juniors playing in open age cricket. All Junior policies can be found at www.rollestoncc.org.uk

I understand that I will be kept informed of activities at the club – e.g. times and transport details etc...

I understand 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.

Signed: (Young Person)

Print: (Young Person)

Date:

Signed: (Parent/Guardian)

Print:

(Parent/Guardian)

Date:

