

Abberton and District Cricket Club

Junior Membership Form 2017

Welcome to *Abberton and District Cricket Club*. This Junior Membership Form should be completed by the parent or legal guardian of any player under the age of 18 and must also be signed by the player. Please complete this form and return it to Chris Austin (Colts Secretary) or David Digby (Colts Co-ordinator), together with the appropriate membership fee.

We will also use this information to ensure that you are kept informed about events and information concerning *Abberton and District Cricket Club*.

Membership, Training and Match Fees 2017

	Kwik	U11	U13
Membership Fee	£15	£15	£40
Training Fee	£3	£3	None
Match Fee	None	£3	£3

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

Childs Name:

School Year: DOB:

Address:

Name of School:

Section 2 - Contact Details of Parent / Legal Guardian

Name:

Relationship:

Address:

Home Phone No:

Mobile Phone No:

Email:

Section 3 - Emergency Contact Details (Alternative Contact)

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

Name:

Relationship:

Address:

Home Phone No:

Mobile Phone No:

Section 4 - Sporting Information

Has the child played Cricket before? If yes, where have they played Cricket? (please indicate below)

Primary School

Local Authority Coaching

Secondary School

Club

Special Educational Needs

County

Other (please specify)

Section 5 - Information about any Impairment

Please provide information about any impairment 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? Yes No

If yes, what is the nature of the impairment?

Visual impairment	<input type="checkbox"/>	Learning difficulty	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Multiple impairments	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

If you have ticked any box above please provide any additional information that will assist us to ensure your child is fully supported whilst at the club.

Section 6 - Medical Information

Name of Doctor:

Surgery: Surgery Phone No:

Please detail below any important medical information that we should be aware of (eg. epilepsy, asthma, diabetes, current medication, injuries etc.)

Medical consent:

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 - Automatic Non-Voting Membership Status

Junior membership of the club also provides that the parent(s) / legal guardian(s) of the child are given non-voting membership of the club as part of that junior membership. This does not entitle the parent(s) / guardian(s) to any additional privileges that would otherwise be gained by paying the appropriate adult membership fee(s). Any use of facilities by parents or legal guardians (for example social / training / playing) may incur such charges as applicable to relevant adult membership.

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.

By returning this completed Junior Membership Form, I agree to my child / the child in my care taking part in the activities of *Abberton and District 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 *Abberton and District 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.

Signature Parent/Guardian:

Print Name:

Date:

(To be completed by the child applying for Junior Membership)

Signature Child:

Print Name:

Date: