

Youth Section Annual Membership Form  
01.05.2018 – 30.04.2019



Personal Details

Child's Name

Child's Date of Birth

Contact Number

Email

Address

Parent or Guardian Name

Next of Kin Name

Next of Kin Number

Medical Conditions - Please detail any condition the junior coordinator should be aware of

- 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.

Internal Use Only

Receipt Number \_\_\_\_\_

Age Group \_\_\_\_\_

## 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 Fordhouses 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 Fordhouses 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.
- I confirm that I have received a copy of the club's Code of Conduct for Members and Guests and agree to abide by it.

Please tick here if your child should not be photographed or filmed for coaching purposes.

Team photos may be published onto website, please tick here if your child is not to be published.

Name of Parent/ Guardian

Signed

Date

Single Junior Membership £25

Sibling Membership £15

Cash

Cheque