**Woodhall Spa Cricket Club JUNIOR MEMBERSHIP FORM 2021**

(for players under the age of 18)

This form is designed to be completed by the parent, or legal guardian of any player under the age of 18.

As the person completing or receiving this form, you must ensure each person whose information you include in this form knows what will happen to their information and to whom it may be disclosed. Details are set out in the Privacy Notice accompanying this form.

Once completed, the form should be returned to beksbarker@gmail.com

The Club uses the ECB’s Play-Cricket system to store data. Data from this form may, therefore, be entered onto that system.

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| **SECTION 1: PERSONAL DETAILS OF YOUNG PLAYER** | |
| Name: |  |
| Home address: |  |
| Post code: |  |
| Date of Birth: |  |
| School Year: | Yr |
| Gender: |  |
| Email address (**if over 16 only**): |  |
| Mobile telephone number (**if over 16 only**): |  |

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| **SECTION 2: PERSONAL DETAILS FOR PARENT/LEGAL GUARDIANS OF YOUNG PLAYER** | |
| Name: |  |
| Home address (if different): |  |
| Post code (if different): |  |
| Email address: |  |
| Home telephone number: |  |
| Mobile telephone number: |  |

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| **SECTION 3: EMERGENCY CONTACT DETAILS** | | |
| Name of an alternative adult who can be contacted in an emergency. | Phone number for alternative named adult. | Relationship which this person has to the child (for example, aunt, neighbour, family friend and so on) |

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| **SECTION 4: DISABILITY**  **We will use this information for statistical purposes as well as to establish if there are any additional needs / support / adjustments that your child may require, please discuss this with us.** |
| 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 have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more? Yes No |
| Does this disability or illness affect you in any of the following areas?  Vision impairment    Hearing impairment    Mobility impairment    Dexterity impairment    Learning impairment    Memory impairment    Mental Health impairment    Stamina, Breathing or Fatigue impairment    Developmental impairment    Has other type of impairment, please provide more details: |

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| **SECTION 5: MEDICAL INFORMATION** |
| Please detail below any important medical information that our coaches/junior co-ordinator need to know, and which would be affected by your child’s participation in cricket activities. Such as: allergies; medical conditions (for example - epilepsy, asthma, and so on); current medication; special dietary requirements, any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us. |
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| Name of doctor/surgery name |
| Doctor’s telephone number |
| Medical consent:  I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the cricket club activity.    Not providing consent will not affect your child’s membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.  I consent to my child receiving medical treatment which, in the opinion of a qualified Practitioner, may be necessary or emergency first aid. |

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| **SECTION 6: PARENT/LEGAL GUARDIAN PARTICIPATION AGREEMENT** |
| I agree to the child named above taking part in the activities of the club.  I confirm I have read, or have been made aware of, the clubs policies concerning:  Changing / showering Missing children      Transporting children Playing in open age (senior) matches      Photography / video Anti bullying and the codes of conduct        Supervising children Social media, text and email    I understand and agree to the responsibilities which I and my child have regarding these policies. |

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| **SECTION 7: CLUB PHOTOGRAPHY/VIDEO CONSENT** |
| I consent to the club photographing or videoing (name of child) involvement in cricket in line with the club photography/video policy.    If you do not wish to give consent for this please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your child’s membership of the club. |

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| I give permission for my child to leave the building/ground unaccompanied (please note this option is only available for children in School Year 7 and above. Primary school children must always be collected by an adult.)  I can confirm I have read, understood and accept WSCC covid risk assessment 2021. |

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| **SECTION 8: PRIVACY STATEMENT** |
| Woodhall Spa Cricket Club take the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.  Please read the full privacy notice carefully to see how the Club will treat the personal information that you provide to us. |
| **PARENT/GUARDIAN AGREEMENT** |
| By returning this completed form, I confirm that I have legal responsibility of…………………………………………(child)  and that I have read and understood the permission statements on this membership form and the privacy notice.  My child and I have read and understood Woodhall Spa Youth Code of Conduct and the Code of Conduct for Parents / Carers and understand that these codes will be used as terms of reference for any breach or misconduct that may occur during the 2021 / 2022 season.  Date : Signature: |