

Juniors Registration Form

Roehampton Cricket Club



Founded 1842

We are very pleased to welcome you to Roehampton Cricket Club. To ensure we have the correct details, please fill in this form and return it to a club official.

Section 1 – Child's Details

Name:	<input type="text"/>
Age and date of birth:	<input type="text"/>
Name of School :	<input type="text"/>
Has your child played cricket before? If so where (school, club?)	<input type="text"/>

Section 2 – Personal Details (Parent / Legal Guardian)

Name:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Home telephone number:	<input type="text"/>
Work Telephone number:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>
Other Mobile (e.g. Parent 2):	<input type="text"/>

Section 3 – Disability

The Disability Discrimination Act 1995 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 your child to have a disability? Yes No

If yes, what is the nature of the disability?

Section 4 – Medical Information

Name of Doctor / Surgery:

Doctor / Surgery Telephone number:

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Medical consent:

- 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 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 5 – 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:

Relations which this person to the young person:

E.g. Aunt, neighbour etc...

Address:

Postcode:

Home telephone number:

Work Telephone number:

Mobile:

Section 6 – Data Protection

The Club will use the information provided on this 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 form, I agree to my child in my care taking part in the activities of Roehampton Cricket Club.

I understand that I will be kept informed of activities at Roehampton Cricket Club – for example 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.

Section 7 - Payment of Subscriptions

I have attached a cheque for £120 (payable to "Roehampton Cricket Club")

I have made an electronic payment for £120

- Account: Roehampton Cricket Club
- Sort Code: 20 90 69
- Account number: 30416460
- Reference: Your child's surname followed by "Subs".

Signed:

(Parent / Legal Guardian)

Print:

(Parent / Legal Guardian)

Date:

Would you be interested in helping out with the delivery of Colts Cricket at Roehampton CC? If so, please tick the box(es) below and we will get in touch to provide you with additional details.

I am interested in training to be a coach.

I am interested in learning how to be a match scorer.

I am interested in becoming a team admin.

I am interested in being involved with the management/organisation of the Roehampton CC Colts.