



Junior Cricket Sportivate Registration Form 2014

The registration form is to be fully completed by the parent or guardian. Please ensure you have clearly read and understand the policies of the club as your signature confirms you agree with them. All club policies are available on request at the club or can be found on our website: <http://www.pitchero.com/clubs/fivewaysoldedwardianscc/>. Please do ask any member of the Junior Management or the Welfare Officer if you have any questions or need further explanation.

Information and Emergency Contact Details

Please complete this form as accurately and completely as possible. It is important that we hold the correct information about your child, their next of kin and someone else who we can contact in the event of an emergency or injury. If any of the details change please inform one of the coaches or members of the committee as soon as possible.

JUNIOR MEMBER DETAILS:

First Name		Surname / Family Name	
Date of Birth		School Year (i.e. Yr 9)	
Home Address			
Post Code:			
Home Telephone No.		Mobile Telephone No. (Not parents)	
E-mail contact address			Male / Female

PARENT / GUARDIAN: (first emergency contact)

Relationship - please delete – Parent / Guardian / Other _____ (i.e. carer / social worker)

First Name		Surname / Family Name	
Home Address If different from above			
Post Code:			
Home Telephone No. If different from above		Mobile Telephone No.	
E-mail contact address		Day/Work Phone No.	

EMERGENCY CONTACT: In the event the Club has to contact the next of kin (above) and he/she is unavailable, please give details of someone else we should contact in the event of an emergency.

First Name		Surname / Family Name	
Home Address			
Post Code:			
Home Telephone No.		Mobile Telephone No.	
Day/Work Phone No.		Relationship to child	

MEDICAL INFORMATION

Does your child suffer from any medical conditions (asthma etc)? YES / NO	If YES, please give details:
Is your child on any medication? YES / NO	If YES, please give details:
Will medication be self-administered?	YES / NO
If NO, I agree to make arrangements for administration with an adult in charge.	YES / NO / N/A
Is your child allergic to any medication(i.e. penicillin) or have any other allergies (peanuts, plasters, etc) YES / NO	If YES, please give details:
Does your child suffer from any physical conditions which could be affected by these activities? YES / NO	If YES, please give details:
Please outline any other requirements of your child which should be brought to the attention of the coaches.	
Doctor's Name:	
Doctor's Address:	
Doctor's Telephone Number:	

I undertake to inform the Junior Section Administrator as soon as possible of any change in the medical circumstances which occur after the date shown below.

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 earlier in 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.

My signature at the end of this form is my formal consent to the statements above.

Data Protection

The Club will use the information provided on this Registration 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 parent or guardian 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.

➤ **REQUIRES ACTION - Permission for the use of photographs and recorded images:**

I (Young player and Parent/Guardian) **consent / do not consent** to FWOE Cricket Club photographing or videoing my involvement in cricket under the terms and conditions stated in part one of this booklet.

I (Young player and Parent/Guardian) **consent / do not consent** to my name and/or Club being published with any photograph in authorised Club/Event publications or Press articles.

➤ **REQUIRES ACTION - Club Changing Policy:**



I am aware the club policy is available on the website and by signing below hereby agree to it. If my son/daughter **participates in adult cricket**, he/she:

will change at home / can change at the club / can only change under my supervision.

Please strike out the words which you do not agree to. I note the use of mobile phones in any changing facility is prohibited.

Consent

I have read, and by signing below, agree to abide by the rules and policies contained on the welfare section of the website.

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.

By returning this completed Membership Form, I agree to my child in my care taking part in the activities of Five Ways Old Edwardians Cricket Club.

Parent / Guardian

Signed:

(Parent / Legal Guardian)

Print Name:

(Parent / Legal Guardian)

Date:

Received / Checked

Signed:

(Club Officer)

Print Name and Role:

(Club Officer)

Date: