



JUNIOR PLAYER SIGNING ON FORM

PERSONAL DETAILS FOR JUNIOR PLAYER AND PARENT/LEGAL GUARDIAN		
Name of Child (Under 18)	Child's DOB	Names of Parent/Legal Guardian(s)
Home Address:	Postcode	Email Address of Parent/Guardian
Home Telephone Number	Work Telephone Number	Mobile Number
EMERGENCY CONTACT DETAILS		
<p>In the event of an incident, or emergency situation, where the above parent/legal guardian(s) cannot be contacted, please provide details of an alternative adult who can be contacted by the club.</p>		
Name of an alternative adult to be contacted in an emergency	Phone number	Relationship to child
MEDICAL INFORMATION		
<p>Please detail below any medical information that our coaches need to know. For example information about allergies, medical conditions (e.g. asthma, epilepsy), any current medication your child is taking, special dietary requirements and or any injuries.</p>		
Name of doctor/surgery name	Doctor's telephone number	

DISABILITY INFORMATION

Does your child have a disability or impairment?

Yes No

If yes please tick the box(es) below outlining the nature of their disability:

Visual impairment Learning disability Other (please specify)
Hearing Impairment Multiple disability
Physical disability

SPORTING INFORMATION

Has your child played cricket before?

Yes No

If yes where has this been played?

Primary School Secondary School Other (please specify)
Club County

CONSENT STATEMENTS FROM PARENT/LEGAL GUARDIAN – please tick each box you agree

Legal authority to provide consent:

I confirm I have legal responsibility for.....(name of child) and I am entitled to give this consent

I confirm to the best of my knowledge, all information provided on this form is accurate and I will advise the club of any changes.

Medical consent:

I understand that in a medical emergency all reasonable steps will be taken to contact me or the alternative adult named above.

I give my consent that in an emergency situation, the club may act in my place (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 confirm to the best of my knowledge my child/child in my care does not suffer from any medical condition other than those stated above

Consent to participate:

JUNIOR CRICKET

I agree to the child named above taking part in the activities of the club (JUNIOR CRICKET)

SENIOR CRICKET (WHERE APPLICABLE)

I agree to the child named above taking part in the activities of the club (SENIOR CRICKET)

Do you consent to your child sharing changing facilities with adults in the club? (SENIOR CRICKET ONLY)

Yes

No

Consent from parent/legal guardian for photography and video:

I consent to the club taking photographs or videoing my child's involvement in cricket

I consent to these photographs and videos being used on the club's website and social media

Signed (parent/legal guardian) -

Date of signing –

Printed name (parent/guardian) –

Consent from child for photography and video (PLAYERS AGED 12-18 ONLY)

I consent to the club taking photographs or videoing my involvement in cricket

I consent to these photographs and videos being used on the club's website and social media

Signed (child if 12 years or older) -

Date of signing –