



Old Elizabethans CC Player Membership Form

Under 18s

This form should be completed by the parent, or legal guardian of any player under the age of 18. It should also be signed by the player themselves.

Once completed, the form should be returned to the Colt's Coordinator or Club Secretary.

Please ensure all information is clear and legible. We will use this information to contact you.

Data Protection

The club will use the information provided on this form, as well as, 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, league and to the ECB. In the event of a medical or child safeguarding 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 each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

We Need Your Help

We want you to help out during 2018, this can be something as small as scoring a colts game, helping out for an hour on a Friday whilst we register new members to something like becoming secretary or treasurer.

Our club survives because of the help our amazing volunteers provide and each year we are blessed by those that give up their time. We believe that this is core reason why we have been so successful in recent years.

So, if you can spare an hour or more please let us know, tick a box from the options below, we can provide training if you need it

- | | |
|--|---|
| <input type="checkbox"/> Friday night coach /assistant | <input type="checkbox"/> Bar |
| <input type="checkbox"/> Colts team manager/assistant | <input type="checkbox"/> Grounds (painting, litter collection, etc) |
| <input type="checkbox"/> Friday night café | <input type="checkbox"/> Committee |
| <input type="checkbox"/> Sunday morning café | <input type="checkbox"/> General assistance with social events (BBQ, washing up, serving etc) |
| <input type="checkbox"/> Scoring | |
| <input type="checkbox"/> Umpiring | |
| Other (please specify) | |

Section 1 Personal details for young player:

Name of Child
Child's date of birth
School
School Year

Section 2 Parent/Guardian Details

Main Contact

Name of Parent/Guardian:	
Relationship to Child:	
Home Address:	
Mobile:	Alternative Number:
Email:	

Second Contact

Name of Parent/Guardian:	
Relationship to Child:	
Home Address:	
Mobile:	Alternative Number:
Email:	

Section 3 Emergency contact details

In the event of an incident, or emergency, 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/her details have been provided as a contact for the club:

Name of an <u>alternative</u> adult who can be contacted in an emergency
Contact number(s) for alternative adult
Relationship which this person has to the child (i.e. relative, neighbour, family friend etc.)

Section 4 Disability

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 consider this child to have an impairment? Yes No

If yes, what is the nature of their disability?

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

Section 5 Sporting information

Has this child played cricket before? Yes No

If yes, where has this been played?

- Primary school Club
 Secondary school County
 Special educational needs school Local authority coaching session(s)
 Other (please specify):

Section 6 Medical Information

Please detail below, any important medical information that our coaches/junior co-ordinator need to know. 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.

Name of doctor/surgery name
Doctor's telephone number

Consent statement from parent/legal guardian									
Please tick each box where you agree (or delete if you do not agree)									
<p>Legal authority to provide consent:</p> <input type="checkbox"/> I confirm I have legal responsibility for _____ (name of child) and am entitled to give this consent <input type="checkbox"/> I confirm to the best of knowledge, all information provided on this form is accurate, and I will undertake to advise the club or any changes to this information									
<p>Medical consent:</p> <input type="checkbox"/> 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 practitioner, may be necessary, I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult which I have named in section two of this form <input type="checkbox"/> I confirm to the best of my knowledge, my child/the child in my care does not suffer from any medical condition other than those detailed by me in section five of this form.									
<p>Consent to participate:</p> <input type="checkbox"/> I agree to the child named above taking part in the activities of the club. (this consent only relates to JUNIOR cricket. Please see the Open Age cricket policy for more information on juniors playing in open age group cricket)									
<p>I confirm I have read, or been made aware of, the club's policies concerning:</p> <table border="0"> <tr> <td><input type="checkbox"/> changing / showering</td> <td><input type="checkbox"/> missing children</td> </tr> <tr> <td><input type="checkbox"/> transporting children</td> <td><input type="checkbox"/> playing in adult matches</td> </tr> <tr> <td><input type="checkbox"/> photography / video</td> <td><input type="checkbox"/> anti-bullying and the code of conduct</td> </tr> <tr> <td><input type="checkbox"/> managing children away from the club</td> <td><input type="checkbox"/> social media, text and email</td> </tr> </table> <input type="checkbox"/> I understand and agree to the responsibilities which I and my child have in connection with these policies <input type="checkbox"/> I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography/video policy. (NOTE: Leave this box unticked if you do not agree) <input type="checkbox"/> I also confirm I have been given comprehensive details of the home and away fixtures in which my child may Participate		<input type="checkbox"/> changing / showering	<input type="checkbox"/> missing children	<input type="checkbox"/> transporting children	<input type="checkbox"/> playing in adult matches	<input type="checkbox"/> photography / video	<input type="checkbox"/> anti-bullying and the code of conduct	<input type="checkbox"/> managing children away from the club	<input type="checkbox"/> social media, text and email
<input type="checkbox"/> changing / showering	<input type="checkbox"/> missing children								
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<input type="checkbox"/> managing children away from the club	<input type="checkbox"/> social media, text and email								
<p>Signed (parent / legal guardian) _____ Date: _____</p>									
<p>Consent from child in connections with club photography/video policy (For players aged 12-18) please indicate if you DO or DO NOT agree with the statement below:</p> <input type="checkbox"/> I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography/video policy. (NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE)									
<p>Signed (child if 12 years or older): _____ Date: _____</p>									

Copies of all policies can be found in the clubhouse or by visiting our website at the following address:

<http://www.oeccbarnet.co.uk/d/documents.html>