



# Buckhorn Weston Cricket Club



## Youth Cricket Registration 2018 Season

**Child's name:**

**Age:**

**Subscription paid:** (Youth and Tadpoles = £15 (under 18))

***Data protection.** The club will use the information provided on this form to administer your child's cricketing activity at the club. In some cases this may require the club to disclose the information to County Boards, leagues 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.*

*Due to upcoming data protection legislation (GDPR) we need to check that we're holding up-to-date information about you. If your contact details have changed, please contact Cort Taylor - [cbtaylor@live.co.uk](mailto:cbtaylor@live.co.uk)*

*The new law also means that we won't be able to rely on implied consent to send you communications. Therefore, by signing this form you are consenting to keep receiving these communications.*

*You can change your mind at any point by unsubscribing by emailing Cort Taylor - [cbtaylor@live.co.uk](mailto:cbtaylor@live.co.uk)*

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

**Section 1 Personal details for young player and their parent/legal guardian:**

**Child's date of birth:**

**Names of parent(s) or legal guardian(s) :**

**Home address & Postcode**

**Email addresses for parent(s)/guardian(s)**

**Home 'phone number**

**Mobile 'phone number**

Name of an alternative adult who can be contacted in an emergency (& contact details) Please give details of the relationship of this adult to the child

**Section 2 Medical information:**

Do you consider this child to have an impairment?

**YES**

**NO**

If yes, what is the nature of their impairment:

Please detail below, any other important medical information that our coaches need to know. Please include details of any current medication

Name of doctor and surgery/telephone number

**Section 3 Consents:**

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 also understand that in such an occurrence all reasonable steps will be taken to contact the alternative named adult or me.

**YES**

**NO**

I confirm I have read, or been made aware of, the club's policies concerning:

- Changing / showering: I consent to my child using the changing facilities

**YES**

**NO**

- Photography / video code. I consent to the club recording involvement in Cricket under the terms and conditions in the club photography/video policy.)

**YES**

**NO**

**Signed (parent/legal guardian):**

**Date of signing:**

**Printed name of parent/legal guardian who has completed this form**