



BUCKHORN WESTON CRICKET CLUB JUNIOR MEMBERSHIP APPLICATION FORM 2020

(for players under the age of 18)

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

As the person completing or receiving this form, you must ensure each person whose information you include in this form knows what will happen to their information and to whom it may be disclosed. Details are set out in the Privacy Notice accompanying this form.

Once completed, the form should be returned to the Club Secretary at the Club.

The Club uses the ECB's Play-Cricket system to store data. Data from this form may, therefore, be entered onto that system.

| SECTION 1 (MANDATORY): PERSONAL DETAILS OF YOUNG PLAYER | |
|--|--|
| Name | |
| Home address | |
| Post code | |
| Date of Birth | (Day) (Month) (Year) |
| Gender | |
| Email address (if over 16 only): | |
| Home telephone number (if over 16 only): | |
| Mobile telephone number (if over 16 only): | |
| Are you interested in playing League Cricket? | <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer 'yes', should you be selected by the Club to play us in a League requiring player registration, relevant information from this Section 1 (including month and year of birth) will be provided to that League to enable them to check your eligibility to play in that League. Additionally, if you are U16 a specific consent to share this information will be sort from the parent or legal guardian named in section 2 at the time of registration. |
| If you are over 16 and become an official of the Club, the Club may provide the information in this Section 1 County Boards or Leagues that the Club is a member of or affiliated to; to enable them to contact you about cricket matters. | |
| If you are over 16 and a player and attend a County Board or League run event (such as trials, nets or representative fixtures), the Club may provide your name and contact details to the relevant League / County Board to enable them to notify you of arrangements. | |



SECTION 2 (MANDATORY): PERSONAL DETAILS FOR PARENT/LEGAL GUARDIANS OF YOUNG PLAYER

| | |
|---|--|
| Name | |
| Home address (if different) | |
| Post code (if different) | |
| Email address: | |
| Home telephone number | |
| Mobile telephone number | |
| If the young person is under 16 and is selected to attend a County Board or League run event (such as trials, nets or representative fixtures), the Club may provide your name and contact details to the relevant League / County Board to enable them to notify you of arrangements. | |

SECTION 3 (OPTIONAL): EMERGENCY CONTACT DETAILS

Can we use the above details as a contact in an emergency? If not please provide the contact details of an alternative adult below.

| Name of an alternative adult who can be contacted in an emergency | Phone number for alternative named adult | Relationship which this person has to the child (for example, aunt, neighbour, family friend and so on) |
|---|--|---|
| | | |



SECTION 4 (OPTIONAL): SPORTING EXPERIENCE INFORMATION

Has your child played cricket before: Yes No

If yes, where has this been played?

- | | |
|---|--|
| <input type="checkbox"/> Primary school | <input type="checkbox"/> Club |
| <input type="checkbox"/> Secondary school | <input type="checkbox"/> County |
| <input type="checkbox"/> Special educational needs school | <input type="checkbox"/> Local authority coaching session(s) |
| <input type="checkbox"/> Other (please specify): | |

SECTION 5 (OPTIONAL): DISABILITY

We will use this information for statistical purposes as well as to establish if there are any additional needs / support / adjustments that your child may require, please discuss this with us.

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 have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more? Yes No

Does this disability or illness affect you in any of the following areas?

- Vision impairment
- Hearing impairment
- Mobility impairment
- Dexterity impairment
- Learning impairment
- Memory impairment
- Mental Health impairment
- Stamina, Breathing or Fatigue impairment
- Developmental impairment
- Has other type of impairment, please provide more details:



SECTION 6 (OPTIONAL): MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior co-ordinator need to know, and which would be affected by your child's participation in cricket activities. 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

Medical consent:

I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the cricket club activity.

Not providing consent will not affect your child's membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.

SECTION 7(MANDATORY): PARENT/LEGAL GUARDIAN PARTICIPATION AGREEMENT :

I agree to the child named above taking part in the activities of the club.

I confirm I have read, or have been made aware of, the clubs policies concerning:

- | | |
|--|--|
| <input type="checkbox"/> Changing / showering | <input type="checkbox"/> Missing children |
| <input type="checkbox"/> Transporting children | <input type="checkbox"/> Playing in open age (senior) matches |
| <input type="checkbox"/> Photography / video | <input type="checkbox"/> Anti bullying and the code of conduct |
| <input type="checkbox"/> Managing children | <input type="checkbox"/> Social media, text and email |

I understand and agree to the responsibilities which I and my child have regarding these policies

I also confirm I have been given comprehensive details of the home and away fixtures in which my child may participate

SECTION 8 (OPTIONAL): CLUB PHOTOGRAPHY/VIDEO CONSENT

I consent to the club photographing or videoing (name of child) involvement in cricket in line with the club photography/video policy.

If you do not wish to give consent for this please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your child's membership of the club.



SECTION 9: PRIVACY STATEMENT

Buckhorn Weston Cricket Club take the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.

Please read the full privacy notice below carefully to see how the Club will treat the personal information that you provide to us.

PARENT/GUARDIAN AGREEMENT

By returning this completed form, I confirm that I have legal responsibility of (name of child) and that I have read and understood the permission statements on this membership form and the privacy notice below.

Date :

Signature:

PAYMENT SECTION

Youth Membership

- Cash.
- Cheque.
- Bank Transfer

Received by:

Date:

Signature: