

Junior Membership Form

ALEXANDRA PARK CRICKET CLUB

Welcome to Alexandra Park CC. This Junior Membership Form should be completed by the parent or legal guardian of any player under the age of 18 and must also be signed by the player. Please complete this form and return it to Carolyn Pritchard.

We will also use this information to ensure that you are kept informed about events and information concerning Alexandra Park CC.

Section 1 - Details of the child applying for Junior Membership

Name	
Age	
Address	
Name of School / College	

Section 2 - Contact Details of Parent / Legal Guardian

Name	
Relationship to Child	
Address	
Daytime Telephone No	

Evening Telephone No	
Email	

Section 3 - Emergency Contact Details (Alternative Contact)

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

Name	
Relationship to Child	
Address	
Daytime Telephone No	
Evening Telephone No	

Section 4 - Sporting information

Has the child played cricket before? (Please circle) Yes No

If Yes, where have they played Cricket? (Please circle)

Primary School / Secondary School / Special Education Needs School /
Local authority coaching session OR

Club:

County

Other (Please specify)

Section 5 - information about any Impairment

Please provide information about any impairment your child may have so that we can determine what reasonable adjustments may be required to support your child's full participation in club activities.

Do you consider your child / the child in your care to have an impairment? Yes No

If yes, what is the nature of the impairment? (Please circle)

Visual impairment / Hearing impairment / Physical impairments / Learning difficulty / Multiple impairments

Other (please specify):

If you have circled any of above, please provide us with any additional information that will assist us to ensure your child is fully supported whilst at the club.

Section 5 - Medical Information

Name of Doctor / Surgery:

Doctor / Surgery telephone number:

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, current medication, injuries etc.)

Medical consent:

- I give my consent that in an emergency situation the club may act in my place, (*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 all reasonable steps will be taken to contact me as the relevant parent / legal guardian, or the alternative adult I have named in section 3 of this form.
- I confirm that to the best of my knowledge, my child / the child in my care does not suffer from any medical condition other than those detailed above.

Section 7 - Data Protection

The Club will use the information provided on this Membership 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 person 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.

- By returning this completed Junior Membership Form, I agree to my child / the child in my care taking part in the activities of *Alexandra Park Cricket club*.
- I confirm that I have legal responsibility for the child named in section 1 above, and that I am entitled to give this consent.
- I understand that I will be kept informed of activities at *Alexandra Park cricket club* – for example details of times and transport etc.
- I understand that 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.
- I confirm that to the best of my knowledge all information provided in this form is accurate and I will inform the club of any changes to this information in a timely manner.
- I confirm that I have received a copy of the club's Code of Conduct for Members and Guests and agree to abide by it.

Name of parent / legal guardian:

Signed:

Date:

(To be completed by the child applying for Junior Membership)

Name:

Signed:

Date: