



(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 David Clout, Club Welfare Officer.

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				
Gender				
Email Address (If over 16)				
Telephone (If over 16)				
Are you interested in playing League Cricket?	YES		NO	
<p>If you answer 'yes', should you be selected by GWCC to play for 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.</p>				
<p>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.</p> <p>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.</p>				

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

Name	
Home Address (If Different)	
Postcode (If different)	
Email Address	
Home Telephone Number	
Mobile 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?				
Primary School		Club		
Secondary School		County		
SEND School		LA Coaching Sessions		
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	
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If you would prefer to let us know of this verbally please contact Dave | Clout – Club Welfare Officer.

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

Vision Impairment		Memory	
Hearing Impairment		Mental Health	
Mobility		Stamina / Breathing	
Dexterity		Developmental Impairment	
Learning		Other (Please Specify)	

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.

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Name of doctor/surgery name	
Doctor's telephone number	

<p>Medical consent:</p> <p>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.</p>	
<p>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.</p>	

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:		
Changing / Showering		
Transport to Games		
Photo / Video		
Coaching Children		
Playing in Open Age Cricket		
Anti-bullying Code of Conduct		
Social media policy		
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

<p>I consent to the club photographing or videoing (name of child) involvement in cricket in line with the club photography/video policy.</p> <p>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.</p>	
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SECTION 9: PRIVACY STATEMENT

GREAT WALTHAM 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.

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.

Signature		Date	
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GREAT WALTHAM CRICKET CLUB

JUNIOR MEMBERSHIP DATA FORM

