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|  | **Cheam Cricket Club Colts Registration Form: Season 2018** |

**Section 1 – Personal Details (Young person under the age of 18)**

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| **Full Name:** Click here to enter text. |
| **Date of Birth / Age:** Click here to enter text. |
| **Name of School / College:** Click here to enter text. |
| **Contact Number (aged 16 – 18 years old):** Click here to enter text. |

**Section 1a – Personal Details (Young person under the age of 18) Sibling details if applicable.**

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| **Full Name:** Click here to enter text. |
| **Date of Birth / Age:** Click here to enter text. |
| **Name of School / College:** Click here to enter text. |
| **Contact Number (aged 16 – 18 years old):** Click here to enter text. |

**Section 1a – Personal Details (Young person under the age of 18) Sibling details if applicable.**

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| **Full Name:** Click here to enter text. |
| **Date of Birth / Age:** Click here to enter text. |
| **Name of School / College:** Click here to enter text. |
| **Contact Number (aged 16 – 18 years old):** Click here to enter text. |

**Section 2 – Personal Details (Parent/s or legal guardian/s)**

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| **Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **Home Phone No:** Click here to enter text. |
| **Work Phone No:** Click here to enter text. |
| **Mobile No:** Click here to enter text. |
| **Email:** Click here to enter text. |

**Section 3 - Emergency Contact Details (Alternative Contact)**

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| **Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **Relation to this Young Person:** (e.g Aunt, Grandfather, Neighbour): Click here to enter text. |
| **Home Phone No:** Click here to enter text. |
| **Work Phone No:** Click here to enter text. |
| **Mobile No:** Click here to enter text. |

**Section 4 – Medical Information (including sibling[s] if applicable.**

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| **Name of Doctor / Surgery:** Click here to enter text. |
| **Doctor / Surgery Telephone Number:** Click here to enter text. |
| **Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g epilepsy, asthma, diabetes, allergies etc.)** Click here to enter text. |

**Medical consent:**

I give my consent that in an emergency situation, the Club may act *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 that all reasonable steps will be taken to contact me or the alternative adult whom I have named in section 3 of this form.

I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me above.

**NAME (Parent/s or legal guardian/s):** Click here to enter text.

**Section 5 – Disability**

The Disability Discrimination Act 1995 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’.

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|  | Yes | No |
| Do you consider your child / the child in your care to have impairment? |  |  |
| If yes, what is the nature of the impairment?:- | | |
| * Visual impairment: Click here to enter text. | | |
| * Hearing impairment: Click here to enter text. | | |
| * Physical impairment: Click here to enter text. | | |
| * Learning difficulty: Click here to enter text. | | |
| * Multiple impairments: Click here to enter text. | | |
| * Other (please specify): Click here to enter text. | | |

**Section 6 – Data Protection**

The Club will use the information provided on this Registration 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.**

**Consent Statement from Parent / Legal Guardian**

**Please tick each box where you agree:**

Legal authority to provide consent:

* I confirm that I have legal responsibility for (Name of Child):- Click here to enter text. and am entitled to give this consent [ ]
* I confirm that to the best of my knowledge, all information provided on this form is accurate and that I will undertake to advise the club of any changes to this information [  ]

**Consent to participate Please tick each box where you agree:**

* I agree to the child named above taking part in the activities of the club [  ]
* I consent to my child playing in Adult matches if requested [  ]
* I consent to my child aged 16 – 18 years old to be contacted directly by coaches, managers and captains [  ]

**I confirm I have read, or are aware of, the club’s policies concerning:**

* Changing / Showering
* Missing children
* Transport
* Children playing in adult matches
* Photography / video
* Anti-bullying and the code of conduct
* Social Media and Communication
* Suncare

**(All policies are detailed on the Clubs website** [**www.cheamcricketclub.com**)](http://www.cheamcricketclub.com))

* I understand and agree to the responsibilities which I and my child have in connection with these policies [ ]
* I understand and accept the clubs code of conduct policies for my child and myself [  ]
* I understand and agree to the annual subscription and match fees [  ]

I consent to the Club photographing or videoing my child’s involvement in cricket under the terms and conditions in the Club photography / video policy. PLEASE NOTE: THIS BOX SHOULD BE LEFT UNSIGNED IF YOU DO NOT AGREE

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| Name Parent / Legal Guardian: Click here to enter text. |
| Date of signing: Click here to enter text. |

**Consent from Child in Connection with Club Photography / Video Policy (and siblings if applicable).**

(For players aged 12 – 18) Please indicate if you DO or DO NOT agree with the statement below:

I consent to the Club photographing or videoing my involvement in cricket under the terms and conditions in the

Club photography / video policy. PLEASE NOTE: THIS BOX SHOULD BE LEFT UNSIGNED IF YOU DO NOT AGREE

|  |
| --- |
| Name of Child if 12 years or older: Click here to enter text. |
| Date of signing: Click here to enter text. |
| Name of Child if 12 years or older: Click here to enter text. |
| Date of signing: Click here to enter text. |
| Name of Child if 12 years or older: Click here to enter text. |
| Date of signing: Click here to enter text. |

Once completed please save to your c:drive; and then forward [via email to Mark Pennock here](mailto:%20mark.pennock@zurich.com). Please make relevant payments online to our banker, or via the Club’s [online payment facility here](http://www.cheamcricketclub.com/ourshoponlinepayments).

**I will pay direct to the Club’s banker  / I will pay via the Club’s online payment facility .**

Bank: NatWest

Account: Cheam Cricket Club

Account No: 05209811

Sort Code: 60-20-39

**Important:** Please use full name as your reference.

***Cheam Cricket Club, C/O Cheam Sports Club, Peaches Close, CHEAM, Surrey, SM2 7BJ.***