

# Worlingworth Cricket Club: Junior Membership Form

# April 2021

This form is designed to be completed by the parent, or legal guardian of any player under the age of 16. It should also be signed by the player themselves.

Once completed, the form should be returned to Andy Ramsden, Youth Section Coordinator, ([ramsdenandy@gmail.com](mailto:ramsdenandy@gmail.com)) or through the Session Lead.

Dates:

* Saturday 15th May to 31st July 2021 (inclusive)

Session Timings:

* U15s & U11s: 9.30 to 10.45
* U9s & U13s: 11.00 to 12.15

Data protection. The club will use the information provided on this form, as well as, other information it obtains about the player (together “Information”) 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 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.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child (under 18) |  | | |
| Child’s date of birth |  | | |
| Names of parent or legal guardian |  | | |
| Home address |  | | |
| Postcode |  | | |
| Email address for parent/guardian |  | | |
| Home Tel. No |  | Mobile Tel. No |  |

## Section 2 Emergency contact details

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/her details have been provided as a contact for the club:

|  |  |  |
| --- | --- | --- |
| 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, neighbor, family friend and so on) |
|  |  |  |

## Section 3 Disability:

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 consider this child to have an impairment? | Yes or No |
| If yes, what is the nature of their disability? |  |
| Visual impairment |  |
| Learning disability |  |
| Hearing impairment |  |
| Physical disability |  |
| Multiple disability |  |
| Other (Please specify) |  |

## Section 4 Medical information:

|  |  |
| --- | --- |
| Please detail below, any important medical information that our coaches/junior co-ordinator need to know. 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 |
|  |  |

## Consent statement from parent/legal guardian

|  |  |
| --- | --- |
| Please circle your answer | |
| Legal authority to provide consent  I confirm I have legal responsibility for (insert name of child) ……………………………….. and am entitled to give this consent | |
| I confirm to the best of my knowledge, all information provided on this form is accurate, and I will undertake to advise the club of any changes to this information | Agree / Disagree |
| **Medical consent** 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 me or the alternative adult which I have named in section two of this form | Agree / Disagree |
| I confirm to the best of my knowledge, my child/the child in my care does not suffer from any medical condition other than those detailed by me in section four of this form | Agree / Disagree |
| I agree to the child named above taking part in the activities of the club | Agree / Disagree |
| I note that relevant policies relating to junior cricket are available on the club website | Agree / Disagree |
| I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography/video policy | Agree / Disagree |

|  |  |
| --- | --- |
| Printed name of parent/legal guardian who has completed this form |  |
| Signed (parent/legal guardian) |  |
| Date of signing |  |

## Consent from child in connection with club photography/video policy

(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 | Agree / Disagree |

|  |  |
| --- | --- |
| Signed (child if 12 years or older) |  |
| Date of signing |  |

## Volunteering for WCC Youth Section

We can only provide the opportunities for cricket through people being kind and volunteering to help. Please select if you would be willing to help with the following (you will be provided training and guidance)

Please tick:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I would be happy to help on Match days: Scoring (training will be provided) |  |  |
| I would be happy to help on Match days: Looking after the team when the coach is umpiring |  |  |
| I would be happy to help organize the matches by communicating and agreeing with the opponents times and dates (email and phone) |  |  |
| I would be happy to help at Saturday Training: organizing drinks |  |  |
| I would be happy to help at Saturday Training: Parent helper for training (supporting the coaches – training will be provided) |  |  |
| I would love to become a coach for an age group (training and mentoring provided) |  |  |
| I would love to become a manager for an age group (training and mentoring provided) |  |  |

## Youth Section Subscription

Junior Playing Member: £70.00

Sibling Discount: £50 for each subsequent child

I enclose a cheque for £\_\_\_\_\_\_\_\_\_\_ made payable to: Worlingworth Cricket Club

## Other key contacts

* Andy Ramsden - Junior Coordinator (ramsdenandy@gmail.com & 7953 482799)
* Jemma Wood - Junior Registration & WCC Secretary (jemma\_08@hotmail.com)
* Judith Mobbs - WCC Welfare Officer (jhmobbs@btinternet.com)