



Junior Membership Application Form

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

| Name of child (under 18) | Child's date of birth | School Year | Name(s) of parent or legal guardian |
|------------------------------------|-----------------------|---|-------------------------------------|
| | | | |
| Home address & postcode | | | |
| | | | |
| Email address for parent/guardians | | | |
| | | | |
| Home telephone number | | Mobile telephone numbers for parent/guardians | |
| | | | |
| Parents Occupation | | | |
| | | | |

Section 2 Alternative 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(s) | Phone number(s) | Relationship to the child |
|---------|-----------------|---------------------------|
| | | |

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what is the nature of their disability? | |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Multiple disability |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Other (please specify): |

Section 4 Sporting information:

| | |
|---|--|
| Has this child played cricket before? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 education needs school | <input type="checkbox"/> Local authority coaching session(s) |
| <input type="checkbox"/> Other (please specify): | |

Membership Fee £25. Cheques payable to Middlewich Cricket Club

Section 5 Medical information:

Please detail below, any important medical information that our coaches/junior coordinators 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

Doctor's telephone number

Consent statement from parent/legal guardian

Please tick each box where you agree (or delete if you do not agree)

Legal authority to provide consent:

- ☐ I confirm I have legal responsibility for _____ (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

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.
- ☐ 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 five of this form

Consent to participate:

- ☐ I agree to the child named above taking part in the activities of the club.
(This consent only relates to JUNIOR cricket. Please see "Playing in adult matches" guidance for more information on juniors playing in open age group cricket)

I confirm I have read, or been made aware of, the club's policies concerning:
Policies available at www.middlewichcricketclub.co.uk

- | | |
|---|--|
| <input type="checkbox"/> Changing / showering | <input type="checkbox"/> Missing children |
| <input type="checkbox"/> Transport children | <input type="checkbox"/> Parents/legal guardians & members code of conduct |
| <input type="checkbox"/> Photography / video | <input type="checkbox"/> Anti bullying |
| <input type="checkbox"/> Managing children away from the club | <input type="checkbox"/> Social media, text and email |
| <input type="checkbox"/> I understand and agree to the responsibilities which I and my child have in connection with these policies | |

Photographic consent:

- ☐ 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.

Signed (parent/legal guardian):

Date:

Printed name of parent/legal guardian completing this form:

Signed (child):

Date: