

# Collingham & Linton Cricket Club - Junior Registration Form



Parents/Guardians Name:

Parents/Guardians Email:

Note: Your details will be registered online through the clubs website. An email confirming your username will follow.

## Childs Details

Childs **FULL** Name

Childs date of birth (dd/mm/yy)

School Year

Address

Post Code

Home telephone number

Mobile phone number

Alternative contact name

Alternative contact mobile number

Alternative email address

## Medical Information

For statistical purposes we also need to record information on disability.

Does your child have any of the following disabilities:

Visual impairment Yes / No

Physical disability Yes / No

Multi disability Yes / No

Hearing impairment Yes / No

Learning disability Yes / No

Other Yes / No

If other, please specify

Does your child experience any conditions requiring medical treatment and/or medication

Yes / No

If yes please specify

Does your child have any allergies

Yes / No

If yes please specify

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Does your child have any dietary requirements? If yes please specify	Yes / No
Please provide any further information you feel is necessary	
I confirm to the best of my knowledge that my son/daughter does not suffer from any medical conditions other than those detailed above	Yes / No
I consent to my child receiving medial treatment which, in the opinion of a qualified practitioner, may be necessary	Yes / No

**By Completing this form:**

I confirm that I have legal responsibility for the child named above and am entitled to give this consent	Yes / No
I agree to my son/daughter/child in my care will comply with the junior rules	Yes / No
I confirm that I understand the spirit-of the Parents/Spectators code of conduct	Yes / No
I also give consent to the use of photography or video by the club in the coaching of cricket in respect of my child (More details are available from the Club Welfare Officer)	Yes / No
I understand that I will be kept informed of cricket activities at the club - for example timing and transport details for away matches when my child is involved.	Yes / No
I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me or the alternative contact and to deal with that injury/illness appropriately and that the club may act in loco parentis in such a situation.	Yes / No
I confirm that I have read or been made aware of the club's policies for transporting and managing children away from the club	Yes / No

**Photography/Video**

Consent from child in connection with club photography/video policy (For players aged 12-18)	Yes / No
Signed (Player)	

**Data Protection**

I understand and agree that the club will use the information on this form and other information about the player to administer cricket activities at the club and that in some cases this may require the club to disclose the information to Leagues, County Boards and the ECB. In the event of a medical issue or child protection issue, the Club may disclose information to the relevant authorities	Yes / No
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I confirm that to the best of my knowledge, all information on this form is accurate and I undertake to advise the club of any changes

<b>Signed</b>
<b>Date</b>