#### **REGISTRATION FORM FOR COLT CRICKET 2018**

SURNAME: ……………………………………………

FIRST NAMES (IN FULL): ……………………………………………………..

DATE OF BIRTH: ……………………………….

ADDRESS: ……………………………………………………………………………………

POST CODE: ……………………………

PARENT/GUARDIAN TEL. NUMBER (HOME): ………………………………

(MOBILE): ……………………………

PARENT/GUARDIAN EMAIL ADDRESS:…………………………………………………….

ALTERNATIVE EMERGENCY CONTACT

TELEPHONE / MOBILE NUMBER & CONTACT NAME

………………………………………..

DETAILS OF ANY MEDICAL CONDITION OR ALLERGIES

………………………………………..

**Medical consent:**

* I give my consent that in an emergency situation the club may act in my place, *(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 all reasonable steps will be taken to contact me as the relevant parent / legal guardian, or the alternative adult I have named in this form.
* I confirm that to the best of my knowledge, my child / the child in my care does not suffer from any medical condition other than those detailed above.

**Data Protection**

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

* By returning this completed Junior Membership Form, I agree to my child / the child in my care taking part in the activities of Theydon Bois CC.
* I confirm that I have legal responsibility for the child named above, and that I am entitled to give this consent.
* I understand that I will be kept informed of activities at Theydon Bois CC – for example details of times and transport etc.
* I understand that in the event of injury or illness all reasonable steps will be taken to contact me / the alternative contact, and to deal with that injury/illness appropriately.
* I confirm that to the best of my knowledge all information provided in this form is accurate and I will inform the club of any changes to this information in a timely manner.

I confirm that I have received a copy of the club’s Code of Conduct for Members and Guests (contained within the welcome letter given at point of registration) and agree to abide by it.

SIGNATURE………….…………………(please print)……………………DATE…….…..

(PARENT/GUARDIAN)

**Please bring this form with you, duly signed & amended where necessary, to the Registration Evening**