**THEYDON BOIS CC JUNIOR MEMBERSHIP APPLICATION FORM 2021**

(for players under the age of 18)

This form is designed to be completed by the parent, or legal guardian of any player under the age of 18.

As the person completing or receiving this form, you must ensure each person whose information you include in this form knows what will happen to their information and to whom it may be disclosed. Details are set out in the Privacy Notice at the bottom of this form.

Once completed, the form should be returned to WARREN HYDE at the Club.

Upon payment of the Junior Fees, Parents are given automatic Associate membership of the club and will be issued with a **Members Loyalty Card** for used in conjunction with the clubs till system. This card offers a 6% discount on all purchases at the bar. For full Ts and Cs please check the clubs web site.

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| **SECTION 1 (MANDATORY): PERSONAL DETAILS OF YOUNG PLAYER** | | |
| Name |  | |
| Home address |  | |
| Post code |  | |
| Date of Birth | (Day) …………….. (Month) ……………… (Year) ……………………. | |
| Gender |  | |
| **SECTION 2 (MANDATORY): PERSONAL DETAILS FOR PARENT/LEGAL GUARDIANS OF YOUNG PLAYER** | | |
| Name |  | |
| Home address (if different) |  | |
| Post code (if different) |  | |
| Email address: |  | |
| Home telephone number |  | |
| Mobile telephone number |  | |
| If the young person is **under 16** and is selected to attend a County Board or League run event (such as trials, nets or representative fixtures), the Club may provide your name and contact details to the relevant League / County Board to enable them to notify you of arrangements. | | |
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| **SECTION 3 (MANDATORY): EMERGENCY CONTACT DETAILS**  ***Please provide the contact details of an alternative adult in the event that the above parent or guardian is unavailable.*** | | |
| 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, neighbour, family friend and so on) |

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| **SECTION 4 (OPTIONAL): SPORTING EXPERIENCE INFORMATION** | |  |
| Has your child played cricket before: Yes No | |  |
| If yes, where has this been played? | |  |
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| **SECTION 5 (OPTIONAL): DISABILITY**  **We will use this information for statistical purposes as well as to establish if there are any additional needs / support / adjustments that your child may require, please discuss this with us.** | | |
| 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 have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more? Yes No | | |
| Does this disability or illness affect you in any of the following areas?  Vision impairment    Hearing impairment    Mobility impairment    Dexterity impairment    Learning impairment    Memory impairment    Mental Health impairment    Stamina, Breathing or Fatigue impairment    Developmental impairment    Has other type of impairment, please provide more details: | | |

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| **SECTION 6 (OPTIONAL): MEDICAL INFORMATION** |
| Please detail below any important medical information that our coaches/junior co-ordinator need to know, and which would be affected by your child’s participation in cricket activities. 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. |
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| Medical consent:  I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the cricket club activity.    Not providing consent will not affect your child’s membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency. |

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| **SECTION 7(MANDATORY): PARENT/LEGAL GUARDIAN PARTICIPATION AGREEMENT :** |
| I agree to the child named above taking part in the activities of the club.  I confirm I have read, or have been made aware of, the clubs policies concerning:  Changing / showering Missing children  Transporting children Playing in open age (senior) matches  Photography / video Anti bullying and the code of conduct  Managing children Social media, text and email  All policies can be found on the clubs web site www.tbcc.co.uk    I understand and agree to the responsibilities which I and my child have regarding these policies |
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| **SECTION 8 (OPTIONAL): CLUB PHOTOGRAPHY/VIDEO CONSENT** |
| I consent to the club photographing or videoing of the child named in section 1 during their involvement in cricket in line with the club photography/video policy.    If you do not wish to give consent for this please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your child’s membership of the club. |

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| **SECTION 9: PRIVACY STATEMENT** |
| Theydon Bois CC take the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.  The Club uses the ECB’s Play-Cricket system to store data as well as the clubs membership database. Data and forms will be kept for 1 year after you have left the club and then destroyed. |
| **PARENT/GUARDIAN AGREEMENT** |
| By returning this completed form, I confirm that I have legal responsibility of the child named in section 1 and that I have read and understood the permission statements on this membership form.    Date : Signature: |