

Welcome to Geddington Cricket Club.

This Junior Membership Form should be completed by the parent or legal guardian of any player under the age of 18 and must also be signed by the player.

We will also use this information to ensure that you are kept informed about events and information concerning Geddington Cricket Club.

Section 1 – Personal Details of the child applying for Junior Membership

| Name | | |
|------------------------------|-------------|--|
| Date of Birth | | |
| Age | School Year | |
| Address | | |
| | | |
| Name of School or College | | |

Section 2 – Contact Details of Parent / Legal Guardian

Name

| Relationship to child |
|-------------------------|
| (parent/legal guardian) |
| Address |

Daytime Telephone No.

Evening Telephone No.

Email Address – please write clearly

Section 3 – Emergency Contact Details (Alternative Contact)

In the event of an incident or emergency where a parent, or legal guardian named above cannot be contacted, please provide details of an <u>alternative</u> adult who can be contacted by the club. Please make this person aware that his or her details have been provided as a contact for the club:

Name

Relationship to child (e.g. Aunt, Grandparent, Neighbour) Address

Daytime Telephone No.

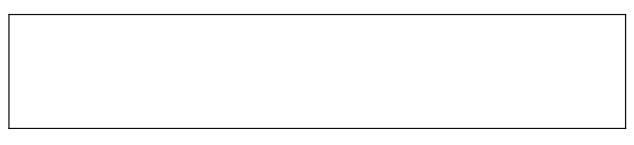
Evening Telephone No.

Section 4 – Information about any Impairment

Please provide information about any impairment your child may have so that we can determine what reasonable adjustments may be required to support your child's full participation in club activities.

| Do you consider your child care to have an impairmen | , | Yes 🗌 | No 🗌 |
|---|-----------------|-------------------------|------|
| If yes, what is the nature of | the impairment? | | |
| Visual impairment | | Hearing impairment | |
| Physical impairment | | Learning difficulty | |
| Multiple impairments | | Other (please specify): | |

If you have ticked the YES box above, please provide us with any additional information that will assist us to ensure your child is fully supported whilst at our club.



Section 5 – Medical Information

| Name of Doctor /Surgery | | |
|--|-------------------------------------|--|
| Doctor / Surgery telephone number: | | |
| Please detail below any important medical | information that our coaches/junior | |
| coordinator should be aware of (e.g. epilepsy, asthma, diabetes, current medication, | | |
| injuries etc.) | - | |
| | | |
| | | |
| | | |
| | | |
| | | |

Medical consent:

- I give my consent that in an emergency, 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 section 3 of 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.

Section 6 – 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.

By returning this completed Junior Membership Form, I agree to my child / the child in my care taking part in the activities of Geddington Cricket Club.

I confirm that I have legal responsibility for the child named in section 1 above, and that I am entitled to give this consent.

I understand that I will be kept informed of activities at – 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.

Section 7 – Social Media

We often take photographs at games and training events to both promote the club and celebrate the successes of the junior and senior teams.

Please indicate below whether you are happy for any images with your child in to be used on either the GCC website and/or Facebook page

Yes – I am happy for you to use images

No - Please do not use images

| Name of parent / legal guardian: | |
|-------------------------------------|--|
| Signed: | |
| Date: | |

(To be completed by the child applying for Junior Membership)

Name:

Signed:

Date: