



Junior Registration Form

(for players under the age of 18)

U9 / U11 / U13 / U15 / U18

Section 1 Personal details for young player and their parent/legal guardian:		
Name of child (under 18)	Child's date of birth	Names of parent or legal guardian
Home address including postcode	What school does your child attend? What school year is your child in?	Email address for parent/guardian
Home telephone number	Work telephone number for parent/guardian	Mobile telephone number for parent/guardian
Section 2 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 of an <u>alternative</u> 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)

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? Yes No

If yes, what is the nature of their disability?

- | | | |
|--|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other (please specify: |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Multiple disability | |
| <input type="checkbox"/> Physical disability | | |

Section 4 Sporting information:

Has this child played cricket before?

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 educational needs school | <input type="checkbox"/> Local authority coaching session(s) |
| <input type="checkbox"/> Other (please specify): | |

Section 5 Medical Information:

Please detail below, any important medical information that our coaches/junior co-ordinator 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 name

Doctor's telephone number

Section 6 Behavioural Problems and/or Additional Needs:

Does your child have any behavioural problems?

Yes / No

Please detail below if you answer yes to this:

Does your child have any additional needs?

Yes / No

Please detail below if you answer yes to this:

A parent may be required to be visibly present throughout training sessions and matches.

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 that I have legal responsibility for _____ (name of child) and am entitled to give this consent _____ (name of adult)
- 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 the Open Age cricket policy for more information on juniors playing in open age group cricket)
- I acknowledge that Crosby Cricket Club does not have a female coach and by ticking this box I confirm that I am happy for my child to be a member of the Club and be coached by a team of male coaches.

Please take the time to read the Club's Code of Conduct, Safeguarding Policy and additional policies on the website www.crosbycc.co.uk :

- Information sharing / Data Protection
- changing/showering
- transport of children
- photography/video
- anti bullying
- managing children away from the club
- social media, text and email
- supervising children / missing children
- playing in adult matches
- recruitment of coaches/volunteers
- health & safety

I understand and agree to the responsibilities which I and my child have in connection with these policies

- 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. (NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE)
- IF YOU DO NOT AGREE)

Signed (parent/legal guardian):

Date of signing:

Printed name of parent/legal guardian who has completed this form:

Consent from child in connection with club photography/video policy

(For players aged 12 – 18) Please indicate if you DO or DO NOT agree with the statement below:

- I consent to the Club photographing or videoing my involvement in cricket under the terms and conditions in the Club photography/video policy. (NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE)

Signed (child if 12 years or older):

Please indicate if you would be willing to:

- join the Junior fundraising Committee
- assist in Junior fundraising
- help to serve refreshments on Junior match days
- train as a coach or umpire
- be a scorer