

Please write clearly on the form!

**Junior Club Membership Form**

 **COMPTON HOUSE CRICKET CLUB**

To ensure that we have the correct contact details for you, please insert the information and return the form with your payment to Youth Admin – Ellen Hughes, on a Wednesday evening.

A form must be completed for each player. Membership £40.

Cheques payable to: Compton House Cricket Club. BACS: Llyods 30-90-91 Acc. No. 74187068

If you are Under 16 please ask your parents to sign this before it is returned.

**PERSONAL DETAILS: Gender: □ Male □ Female**

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Age:  |  | Current School Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

**PARENT / LEGAL GUARDIAN**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Email 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Mobile 1 |  |
| Email 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Mobile 2 |  |
| Email 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Evening |  |

**DISABILITY or IMPAIRMENT**

The Disability Discrimination Act 1955 defines a disabled person as anyone with a ‘physical or mental impairment, which as a substantial long-term adverse on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability?□ Yes □ No

If yes, what is the nature of your disability?

□ Visual impairment □ Hearing impairment □ Physical impairment □ Learning disability

□ Multiple impairment □ other (please specify): ………………………….

**MEDICAL INFORMATION**

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, current medication, allergies, injury, etc.)

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Doctor / Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPORTING INFORMATION**

Have you played cricket before? □ Yes □ No

If yes, where have you played:

□ Primary School □ Secondary School □ Local Authority Coaching session/s □ Club

□ County □ other (please specify): ………………………….

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**PHOTO PERMISSION**

□ Yes. I give permission for CHCC to use photographs of my child(ren) taken at training and matches for publicity purposes only; e.g. in clubhouse, on website or in the papers.

**Legally we cannot do this without your permission so please do tick the box.**

**You can withdraw permission at any time by informing CHCC in writing.**

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**EMERGENCY CONTACT & ALTERNATIVE CONTACT DETAILS**

Please add below who should be contacted in the case of an incident/accident:

1. Contact parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact alternative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATA PROTECTION**

Please be aware that we will use this information to administer his/her cricking activity at the Club and in any activity in which he/she participates through the Club to care 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 the England and Wales Cricket Board. In the event of a medical or child protection issue arising the Club may disclose certain information to doctors, police, children’s social care, the Courts, probation officers and potentially to legal and other advisers involved in an investigation.

**PARENT/CARER UNDERTAKING**

By returning this completed form, I agree to my child(ren) in my care taking part in the activities at CHCC.

I understand that I will be kept informed of these activities – for example transport details.

I have read the clubs policies & guidelines that relate to Youth Cricket and/or I am aware that I can access them at **www.comptonhousecricketclub.org.uk** or in the clubhouse.

I/we agree to abide by the Code of Conduct for Young Members and Guests.

I confirm that the information given above is to the best of my knowledge accurate.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately and I give my consent.

Name of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Junior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Junior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_