



- This form is designed to be completed by the Parent or Legal Guardian of any player under the age of 18.
- Once completed, the form should be returned to Maria Delaney

**Data Protection.** The Club will use the information provided on this form, as well as other information it obtains about the player (together “Information”) 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 ECB. In the event of a medical or child safeguarding issue arising, the club may disclose certain information to doctors or other medical specialist and/or to police, children’s social care, the courts and/or probation officers and, potentially, to legal and other advisor’s involved in an investigation.

**As the person completing this form you must ensure each person whose information you include in this form knows what will happen to their information and how it may be disclosed**

**SECTION 1: Personal details for young player and their parent/legal guardian:**

Name of Child	Child’s date of birth	Names of parent or legal guardian
Home Address	Postcode	E-mail address for parent/ guardian
Home telephone number	Mobile telephone number for parent/guardian	Name of child’s school

**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 alternative adult who can be contacted in an emergency	Phone number for alternative named adult	Relationship which this person has to the child (e.g. aunt, neighbour etc.)
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**SECTION 3: Disability**

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his 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?

Visual Impairment (specify)	Learning disability	Other (please specify)
Hearing impairment	Physical disability	

**SECTION 4: Medical information**

Please detail below, any important medical information that our coaches/junior co-ordinator need to know. Such as: allergies; medical conditions (e.g. - epilepsy, asthma, and so on); current medication, special dietary requirements and/or any injuries.

**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 section 2 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.

**Consent to participate:** By returning this completed form, I agree to my child/the child in my care taking part in the activities of **Farnsfield 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 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).

I nominate **FARNSFIELD CC** as the afore-mentioned child's primary/first choice club

YES NO

Signed (parent/legal guardian): Date of signing:

Printed name of parent/guardian who has completed form: