

Junior Membership Application Form

- 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

SECTION 1: Personal details of junior player and their parent/legal guardian

Name of Child:	Child's Date of Birth:	Name(s) of Parent/Legal Guardian:
Home Address:	Postcode:	Email address of Parent/Legal Guardian:
Home Telephone Number:	Mobile: (Parent/Guardian)	Name of Child's School:

SECTION 2: Emergency contact details

<p>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 for this purpose.</p>		
Name of alternative adult:	Contact number(s):	Relationship to child:

SECTION 3: Disability

<p>The Disability Discrimination act 1995 defines a disabled person as anyone with <i>“a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day-to-day activities”</i></p>		
Do you consider this child to have an impairment?		Yes / No
If “yes” what is the nature of their disability?		
Visual Impairment	Learning Disability	Other (please specify)
Hearing Impairment	Physical Disability	

SECTION 4: Medical Information

<p>Please detail below any important medical information that our coaches/junior co-ordinators need to know, such as: allergies; medical conditions (eg epilepsy, asthma, etc); current medication, special dietary requirements and/or any injuries.</p>
Empty space for medical information

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 person/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 nominate Farnsfield CC as the aforementioned child's primary/first choice club. Yes No

Data Protection & Privacy Notice

Farnsfield Cricket Club takes the privacy of our members' data seriously and will only use your personal information for club administration purposes and for communicating with you about your membership and involvement in Club activities. The Club will use the information provided on this form, as well as other information it obtains about the player to administer his/her cricketing activity at the Club, and in any activities 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 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.

As the person completing this form you must ensure that each person whose information you include herein knows how their information will be kept and how it might be disclosed.

Only nominated committee members of the Club will be able to access your details.

Your data will not be shared with any third party and the principles of the General Data Protection Regulation will be adhered to.

I hereby give consent that:-

- (Please tick) The Personal Data provided in this form may be held and used for the purposes designated.

We may wish at times to contact you regarding the club and other events and activities relating to the Club (eg social events, fundraising, etc). I hereby give consent to receiving information about the Club and its events and activities by:-

(Please tick)

- Post
- Email
- Phone (including Text)

We also publish details on matches, events and activities on the Club website including, on occasions, photographs.

I hereby give consent that:-

- The Club may publish photographs and articles on the Club website that may include or reference me (Note: you may at any time request any photo you are in to be removed from the website or an article to be changed so that any reference to you is removed or amended.)

I hereby apply for membership of Farnsfield Cricket Club and agree to abide by the Club Rules. I enclose my subscription for £_____ on the understanding that should my membership application be rejected, this will be refunded in full.

Signature _____
(parent/legal guardian)

Date _____

Printed name of parent/guardian who has completed the form

If you have any questions or require further information regarding Data Protection or how we use personal data at the Club, please contact Peter Teather, Membership Secretary.