Youth Player Registration Form 2024

(for players under the age of 18)

* This form is designed to be completed by the parent, or legal guardian of any player under the age of 18. It should also be signed by the player themselves
* Please post completed membership form to Mindy Irven, 6 James Carter Road, Colchester CO3 9XA or scan to [mindyirven@yahoo.com](mailto:mindyirven@yahoo.com)

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 English and Wales Cricket Board. 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. Information will be retained for 5 years.

**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.**

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| **Section 1 Personal details for young player and their parent/legal guardian:** | | |
| Name of child (under 18) | Child’s date of birth | Name of parent or legal guardian |
| Home address inc. postcode | | Email address for parent/guardian |
| Home telephone number | Work tel. number for parent/guardian | Mob tel. number for parent/guardian |

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| **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: | Phone number: | Relationship of this person to the child (e.g. aunt, neighbour, family friend, etc.): |

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| **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? Visual impairment Learning disability  Hearing impairment Multiple disability  Physical disability Other (please specify): |

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| **Section 4 Medical information:** |
| Please give below any medical information that our coaches/managers need to know such as: allergies; medical conditions (e.g. epilepsy, asthma, etc.); current medication; special dietary requirements; any additional needs; if the child has a Care Plan at school and/or any injuries. Please indicate if you would like to discuss this privately with the Club Safeguarding Officer. |
| Name of doctor/surgery and telephone number: |

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| **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 |

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| **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 confirm I have read, or been made aware of, the club’s policies (details on www.eagcc.com) concerning:  changing/showering  transport children  photography/video  managing children away from the club  missing children  playing in adult matches  anti-bullying, the code of conduct and the anti-discrimination policy  social media, text and email  code of conduct for the club  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 |
| **Consent statement from parent/legal guardian**  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.  I confirm I have legal responsibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child) and am entitled to give consent and approval as completed above.  **Signed (parent/legal guardian):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed name (parent/guardian):  **Signed (child if 12 years or older):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |