



Waltham St Lawrence Cricket Club

Junior Player Registration Form 2022 Season

Section 1 – Personal Details for Young Player and their Parent/Guardian

Name of Junior Player: _____

Date of Birth: _____

Age: _____

School Year: _____

Home address: _____

Postcode: _____

Parent/Guardian Name: _____

Email address for parent/guardian: _____

Home telephone for parent/guardian: _____

Mobile telephone for parent/guardian: _____

Section 2 – Emergency Contact Details

In the event of an incident, or emergency, 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 Alternative Adult: _____

Phone Number for Alternative Adult: _____

Relationship of Alternative Adult to Child: _____

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** (please circle)

If yes, what is the nature of their disability? (please tick)

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disability
- Other (please specific):



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Section 4 – Medical Information

Please detail below, any important medical information that our coaches need to know. Such as: allergies; medical conditions (for example – epilepsy, asthma); current medication; special dietary requirements; any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us.

Medical details: _____

Name of Doctor/Surgery name: _____

Doctor's telephone number: _____

Please ensure all medication is always available to junior players

Consent Statement from Parent/Legal Guardian

Legal authority to provide consent:

I confirm I have legal responsibility for (name of child) _____ and am entitled to give this consent. 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 / I do not give my consent (circle/strike through as appropriate) that in an emergency, 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 2 of this form. I confirm to the best of my knowledge that my/the child in my care does not suffer from any medical condition other than those detailed by me in section 4 of this form.



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Consent to Participate

I agree / I do not consent (circle or strike-through as appropriate) to the child name above taking part in the activities of the club. (This consent only relates to JUNIOR cricket).

- Please tick here if your child can be photographed or filmed for coaching purposes
- Please tick here to allow the club to register the child on Play Cricket, which is used for the purpose of recording match fixtures and results
- Please tick here for the age group coach (from Performance Cricket) to have access to the details on this form
- Please tick here to allow us to share details of forthcoming events at Waltham St Lawrence CC with you

Data Protection

Waltham St Lawrence Cricket Club will use the information provided on this membership form (together with other information it obtains about the player) 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 an 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 England and Wales Cricket Board. In the event of a medical issue or child protection issue arising, the club may disclose certain information to doctors or other medical specialists and/or police, children's social care, the courts and/or probation offices 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 in this form knows what will happen to their information and how it may be disclosed.

- By returning this completed Junior Membership Form, I agree to my child/the child in my care taking part in the activities of Waltham St Lawrence 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 understand that I will be kept informed of activities at Waltham St Lawrence Cricket Club – for example: details of times etc.
- I understand that in the event of injury or illness, all reasonable steps will be taken to contact me/the alternative contact and to deal with that injury/illness appropriately.
- I confirm that, to the best of my knowledge, all information provided in this form is accurate and I will inform the club of any changes to this information in a timely manner.

Signed: _____ Name: _____

Date: _____