

Ropley Junior CC Membership Form

Welcome to Ropley Junior Cricket Club. This Junior Membership Form should be completed by the parent or legal guardian of any player under the age of 18 and must also be signed by the player. We will use this information to ensure that you are kept informed about events and information concerning Ropley Cricket Club.

Child applying for Junior Membership's details:

Name:.....D.O.B.....

Address:.....

.....

Name of School/College.....

Is this a new application..... or a renewal..... (tick where appropriate)

Contact Details of Parent / Legal Guardian:

Name.....Relationship to child.....

Address (if different to above).....

.....

Home tel. no:.....mobile.....

Email(s).....

Emergency Alternative Contact Details: In case a parent, or legal guardian named above cannot be contacted in an emergency, please provide details of an alternative adult who can be contacted by the club.

Name.....Relationship to child.....

Home tel.

no.....mobile.....

Payment - Discount given for 2 or more siblings in U9 age group and above
(Please circle Payment made)

U9,U11,U13,U15

£50

Sibling

£40

ALL U7's

£30

- Please make cheques payable to Ropley Cricket Club
- Sports Club membership is not included.

Section 4 - Sporting Information

Has the child played cricket before: Yes.....No.....(tick where appropriate)

If so, where/at what level?.....

Section 5 – Information about any Impairment: Please provide information about any impairment your child may have so that we can determine what reasonable adjustments may be required to support your child's full participation in club activities.

Do you consider the child to have an impairment: Yes.....No.....(tick where appropriate)

If yes, what is the nature of the impairment?.....
.....

Section 5 – Medical Information

Name of Doctor/Surgery:.....Tel. no.....

Please detail any important medical information that our club personnel should be aware of (e.g., epilepsy, asthma, diabetes, current medication, injuries, etc.....
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Section 6 - 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 3 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.

Section 7 – Data Protection

The 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 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 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 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 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 Ropley Junior 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 confirm that I have received access to a copy of the club's Code of Conduct for Members and Guests & the set off rules for young persons and agree to abide by them.

Name of parent / legal guardian:

Signed:

Date: