

**Data protection.** The Club will use the information provided on this form (together with other information it obtains about the player) (together “**Information**”) to administer his/her cricketing activity at the Club and in any activities in which s/he participates through the Club and to care for and supervise activities in which she / he 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*.***

Colts Membership

**COLTS Membership Form**

This form is designed to be completed by the Parent or Legal Guardian of any player under the age of 18 on September 1st 2015. It should also be signed by the player themselves. Please return the completed form to your coach and make them aware of any subsequent changes.

**Section 1:** Personal details for COLTS player and their Parent / Legal Guardian:

|  |  |  |
| --- | --- | --- |
| Name of Player | | Child’s Date of Birth |
| Home Address inc postcode | | Home phone number |
| Name Of School | | Academic Year at September 2016 |
| Name of Parent or Legal Guardian & Relationship | | |
| Email Address of Parent / Legal Guardian for receipt of club and fixture information | | |
| Contact Number(s) of Parent / Guardian | Work Number of Parent / Guardian | |

**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 another adult who can be contacted by the Club.

Please make this person aware that his or her details have been provided as a contact for the Club:

|  |  |  |
| --- | --- | --- |
| Name of Emergency Contact | Phone number of emergency contact | Relationship which this emergency contact has with child |

**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 or her ability to carry out normal day-to-day activities’.

Do you consider this child to have a disability? Yes No

If Yes, what is the nature of this disability?

**Section 4:** Medical Information / any other information which the coaches will find valuable:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please detail below any medical information that our Coaches need to know  (e.g. allergies, medical conditions, current medication, special dietary requirements, injuries) . Please detail anything else which may help us coach your child. | | | | |
| **Name of Doctor** | **Phone number of surgery** | | | **Name of Surgery** |
| **Section 5:** Consent Statements | | | | |
| **Legal authority to provide consent:** | | | | |
| I confirm that I have legal responsibility for …………………………………....…(Name of Child) and am entitled to give this consent. I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the club of any changes to this information.  Initials | | | | |
| **Medical consent:** | | | | |
| I give my consent that in an emergency situation, the Club may act *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 that all reasonable steps will be taken to contact me or the alternative adult who I have named in section 2 of this form.  Initials | | | | |
| I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me in section 4 of this form.  Initials | | | | |
| **Consent to participate:** | | | | |
| I agree to the child named above taking part in the activities of the club  Initials | | | | |
| **Code of Conduct:** | | | | |
| I confirm I have read, or been made aware of the Code of Conduct and agree to the responsibilities which I and my child have in connection with the code of conduct  Initials | | | | |
| 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: THIS BOX SHOULD BE LEFT IF YOU DO NOT AGREE] Initials | | | | |
| I confirm I have been given comprehensive details of the home and away fixtures in which my child may participate and understand it is my responsibility to arrange transport for these matches.  Initials | | | | |
| Signed (Parent / Legal Guardian):  Printed name | | | Date of signing: | |
| **Consent From Child In Connection With Codes of Conduct and Club Photography Policy** | | | | |
| For players aged 12 – 18 | | | | |
| I confirm I have read, or been made aware of, The Club’s Codes of Conduct and consent to the Club photographing or videoing my involvement in cricket under the terms and conditions in the Club photography / video policy.  Initials | | | | |
| Signed (By Parent/Guardian or by Child If 12 years or older): | | Date of signing: | | |

Colts membership subs for 2017 outdoor season

£60 per child

We would be extremely grateful if you could pay online before

Saturday 22nd April 2017 using your child's name as a reference.

Northwood Town Cricket Club Colts

HSBC Bank  
Sort Code 40-35-08  
Acc No. 31441523