



Saltwood Cricket Club - Junior Membership 2019

Welcome to Saltwood 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. Please complete and return it with payment to Ian Oakes – 34 Tanners Hill Gardens, Hythe, CT21 5HX or bring to your first session. Your data will be retained for 1 year to allow the club to keep in contact and have medical information on hand. After 1 year, the forms will be destroyed.

We will use this information to ensure that you are kept informed about events and information for Saltwood CC. Medical information will be passed to relevant coaches and the Club Welfare Officer.

Section 1 – Personal Details of the child applying for Junior Membership

Name: _____ DOB: _____ School Year: _____

Address: _____

Name of School / College: _____

NEW Junior members will receive a free club t-shirt. The measurements are the actual t-shirt size from armpit to armpit, so find a t-shirt that fits, measure and select the size option that matches. Additional t-shirts are available for £13, please speak to Ian at Monday training sessions.

Kids XS 33cm / S 36cm / M 39cm / L 42cm / XL 44.5cm **Adult** S 48cm / M 51.5cm

Section 2 – Contact Details of Parent / Legal Guardian

Name: _____ Relationship to child: _____

Address: _____

Daytime phone number: _____ Evening phone number: _____

E-mail: _____

Section 3 – Emergency Contact Details (Alternative Contact)

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 or her details have been provided as a contact for the club:

Name: _____

Relationship to child: _____

Address: _____

Daytime phone number: _____ Evening phone number: _____

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Section 4 - Sporting Information

Has the child played Cricket before? Yes No

If yes, where have they played Cricket?: (please circle below)

Primary school Secondary school Club County

Other (please specify)

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 your child / the child in your care to have an impairment? Yes No

If yes, what is the nature of the impairment?

Visual impairment / Hearing impairment / Physical impairment / Learning difficulty

Other (please specify):

If you have selected yes in any box above please provide us with any additional information that will assist us to ensure your child is fully supported whilst at the club.

Section 5 – Medical Information

Name of Doctor / Surgery:

Surgery phone number:

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, current medication, injuries etc.)

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.

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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.

- I agree to my child / the child in my care taking part in the activities of Saltwood 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 Saltwood Cricket Club – for example details of times and transport 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.
- I confirm that I have read or been made aware of the club's policies and agree to abide by it. Copies are available in the club pavilion and online at www.saltwoodcc.com/colts
- I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography/video policy. [NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE]

Membership is £35 for the year. We accept cash, cheque or credit/debit cards (at Monday training sessions) Cheques payable to Saltwood Cricket Club. If in Year 6 and you would like to stay for the second softball or hardball session (6pm to 7pm), please add £20 to your membership.

Name of parent / legal guardian:

Signed:

Date:

Name of Junior Member:

Signed:

Date:

Please return form and payment to Ian Oakes, 34 Tanners Hill Gardens, Hythe, CT21 5HX

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