



ROTTINGDEAN *CRICKET CLUB*

Junior Profile & Registration 2018



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 NOTE - Players under the age of 18 will not be allowed to play for Rottingdean Cricket Club without an authorised registration form completed by their parent, or legal guardian.

In order to help the environment RCC request that wherever possible, this form is completed online and emailed to **the membership sec.** By typing your name in the relevant boxes below and returning the form by email constitutes the satisfactory signature requirement.

Data Protection

The Club will use the information provided on this 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 the ECB. In the event of a medical or child safeguarding issues 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 each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

1	Personal Details for young player and their parent/legal guardian:	
Name of child (under 18)		Home Telephone No
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Home Address		Mobile Telephone No (parent/guardian)
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		Work Telephone No (parent/guardian)
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		Email Address (parent /guardian)
Post Code:	<input style="width: 80%;" type="text"/>	<input style="width: 95%;" type="text"/>
Childs Date of Birth		Name of parent or legal guardian
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>

2	Emergency Contact Details	
<p>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.</p>		
Name of an alternative adult		Telephone No of alternative adult
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Relationship to the child		
<input style="width: 95%;" type="text"/>		

3 Consent from parent/legal guardian

Please cross each box where you agree (or leave blank if you do not agree)

Legal authority to provide consent:

I confirm I have legal responsibility for Child's name
and I 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 that in an emergency situation, the Club may act in loco parentis, if the need arises for the administration of emergency first aid/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, my child/the child in my care does not suffer from any medical condition other than those detailed by me in section 6 of this form.

Consent to participate

I agree to the child named above taking part in the activities of the Club.

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 SHOULD BE LEFT BLANK IF YOU DO NOT AGREE**)

I agree to my child/the child in my care changing at the Club

If and when involved in adult matches or sharing the club facility with adults - I agree to my child/the child in my care changing at the Club.

**Rottingdean Cricket Club Policies (see file in the Club pavilion or Club website
www.rottingdeanccricketclub.co.uk)**

I confirm I have read/been made aware of the Club's Junior Welfare and Conduct policies

I understand and agree to the responsibilities which I and my child/the child in my care have in connection with these policies.

I confirm that I understand that I can obtain comprehensive details of the home and away fixtures in which my child/the child in my care may participate (as soon as they are known to the Club), from - the Club website, the fixture cards as distributed and/or the Team Managers/Coaches.

I confirm that I am aware of ECB Inclusion and Diversity Policy

Signed (parent/legal guardian) Type name if emailing

Date of signing

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Printed name of parent/legal guardian

Consent from child in connection with Club photography/video policy

(For players aged 12-18yrs) Please indicate if you DO or DO NOT agree with the statement below:

I consent to the Club photographing or videoing my involvement in cricket under the terms and conditions in the Club photography/video policy. (**NOTE: THIS SHOULD BE LEFT BLANK IF YOU DO NOT AGREE**)

Signed (child if 12 years or older)

Type name if emailing

Date of signing

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4 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 an impairment?

YES

NO

If yes, what is their disability?

Visual impairment

Learning disability

Hearing Impairment

Multiple disability

Physical disability

Other (please specify)

5 Sporting information:

Has the child played Cricket before?

YES

NO

If yes, where has this been played?

Primary School

Secondary School

Special educational needs school

Club

County

Local authority coaching session(s)

Other (please specify)

6 Medical Information

Please detail below any important medical information that our Coaches/Team Managers/Captains need to now, such as: allergies; medical conditions (for example - epilepsy, asthma and so on); current medication; special dietary requirements and/or any injuries.

Name of doctor/surgery name:

Doctor's telephone number:

Please return this form to:

BARRY HARPER

EMAIL: ROTTINGDEANCOLTS@GMAIL.COM

POST:

24 Florence Road

Brighton

BN1 6DJ