# JUNIOR CLUB MEMBERSHIP FORM



This form is designed to be completed by the parent/carer or legal guardian, of any player under the age of 18. Once completed, the form should be returned to George White at the club.

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| **SECTION 1: PERSONAL DETAILS OF THE PLAYER** | |
| **Name:** | **Date of birth:** |
| **Age:** | **Gender:** |
| **Home address:** | **Postcode:** |

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| **SECTION 2: PERSONAL DETAILS OF THE PARENTS/CARERS/LEGAL GUARDIANS OF THE PLAYER** | |
| **Name:** | **Home address (if different):** |
| **Postcode (if different):** | **Email address:** |
| **Home telephone number:** | **Mobile telephone number:** |
| **Name:** | **Home address (if different):** |
| **Postcode (if different):** | **Email address:** |
| **Home telephone number:** | **Mobile telephone number:** |

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| **SECTION 3: EMERGENCY CONTACT DETAILS**  **Can the club use the above details as a contact in an emergency? If not, please provide the contact details of an alternative adult below.**  **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.** | | |
| **Name of an alternative adult who can be contacted in an emergency** |  | **Phone number for alternative named adult** |
| **Relationship which this person has to the player** | | |

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| **SECTION 4: : SPORTING EXPERIENCE INFORMATION** |
| **Has the child played cricket before?**  **Yes ☐ No ☐**  **If yes, where?**  **(Examples: Primary school, secondary school, special educational needs school, local authority coaching session, club, other)** |

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| **SECTION 5: DISABILITY**  **The club will use this information for statistical purposes, as well as to establish if there are any additional needs, support, or adjustments your child may require. Please discuss this with us.** |
| **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 their ability to carry out normal day-to-day activities.”**  **Does the child have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more?**  **Yes ☐**  **No ☐**  **Does this disability or illness affect the child in any of the following areas?**  Visual, hearing, mobility, dexterity, learning, memory, mental health, stamina breathing or fatigue, developmental, other |

**SECTION 6: MEDICAL INFORMATION**

**Please detail below any important medical information that our coaches/team managers/junior supervisors need to know and which would be affected by the child’s participation in cricket activities (e.g. allergies, medical conditions, current medication, special dietary requirements, any additional needs, or any injuries). Please indicate if you would like to discuss this privately with us.**

**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.**

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| **Please share any medical details we should be aware of, including allergies:** | |
| **I consent to the child’s medical details being shared with coaches/team managers/junior supervisors for the purposes of the delivery of the child’s safe participation in the cricket club activity:**  *Not providing consent will not affect the child’s membership of the club. However, giving us consent to share this information will help the club to know how to respond effectively in the case of any medical emergency.* | **Yes ☐ No ☐** |

**SECTION 7: PARENT/CARER/LEGAL GUARDIAN PARTICIPATION AGREEMENT**

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| **I agree to the child named above taking part in the activities of the club:** | **Yes ☐ No ☐** |
| **I confirm I have read, or have been made aware of, the below ECB/Club’s policies:**   * Inclusion & Diversity Policy * Guidance on Changing Rooms and Showering Facilities * Club Safeguarding Policy Statement | **Yes ☐ No ☐** |
| **I understand and agree to the responsibilities which I and the child have regarding these policies:** | **Yes ☐ No ☐** |
| **I have been given comprehensive details of the home and away fixtures in which the child may participate:** | **Yes ☐ No ☐** |

**SECTION 8: PHOTOGRAPHY AND FILMING CONSENT**

Please tick each box (or delete what you do not consent to), then sign this form. If there is any concern about any category then it should be bought to the attention of the Club Safeguarding Officer ([Andrewdwyer70@yahoo.co.uk](mailto:Andrewdwyer70@yahoo.co.uk))

◻ I give permission for my child’s photograph to be used within the club for display purposes.

◻ I give permission for my child’s photograph to be used within other printed publications.

◻ I give permission for my child’s photograph to be used on the club’s website.

◻ I give permission for my child’s photograph to be used on the club’s social media pages.

◻ I give permission for video of my child to be used on the club’s website.

◻ I give permission for video of my child to be used on the club’s social media pages.

◻ I give permission for video of my child to be used for training or analysis purposes.

◻ I give permission for video of my child to be used for streaming match footage.

◻ I confirm that I have read, or been made aware of, how these images or videos will be stored within the organisation.

**SECTION 9: PRIVACY STATEMENT**

**The club take the protection of the data we hold about you seriously and will ensure the data you provide is processed in accordance with data protection legislation.**

**Please carefully read the full privacy notice below to see how the club will treat the personal information you provide to us.**

**SECTION 10: PARENT/CARER/GUARDIAN AGREEMENT**

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| **I confirm I have legal responsibility of the above-named child and that I have read and understood the permission statements on this membership form and the privacy notice below.**  **Name:**  **Signature:**  **Date:** |

**PRIVACY NOTICE**

Under data protection law, we need to provide you with certain details concerning how your personal data and that of the child will be used and protected.

# JUNIOR CLUB MEMBERSHIP FORM



## PRIVACY NOTICE

Under data protection law, we need to provide you with certain details concerning how your personal data and that of the child will be used and protected.

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| **Names of data controller** | Old Glossop Cricket Club |
| **Categories of personal data we collect** | * Name and date of birth * Contact details * Medical/specific requirements information * Disability information * Emergency contact details * Sporting experience information * Video/photography agreement * Participation agreement |
| **Our sources of the personal data** | We obtain personal data from:   * The parent/legal guardian/carer registering a child to join the club * Club coaches and team managers * Play-Cricket database |
| **Purposes for which we process personal data** | The club will process the personal data for:   * Administering bookings and attendance at sessions * Dealing with medical needs/specific requirements * Supporting the delivery of cricket sessions * Training and competition entry * Reporting of participation and any incidents, and of figures and trends (including equality and inclusion information) * For quality and improvement monitoring |
| **Who we will disclose your personal data to** | * The ECB * Leagues |
|  | * Coaches and team managers for administrating training sessions * Volunteers who work at cricket clubs/venues to support the delivery of sessions |
|  | * The County Cricket Board that supports our programmes |