**Madehurst Cricket Club**



**COLTS REGISTRATION - Player Profile Form 2019**

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| 1. **Personal Details**
 |
| Name of child |  |
| Date of birth & School Year |  |
| Home address |  |
| Postcode |  |
| Email address for parent / guardian |  |
| Home telephone number |  |
| Work telephone numberfor parent / guardian |  |
| Mobile telephone number for parent / guardian |  |

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| 1. **Emergency Contact Details**
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| 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 approved as a contact for the club: |
| Name of alternative adult who can be contacted in an emergency |  |
| Phone number for alternative named adult |  |
| Relationship which this person has to the child (for example, aunt, neighbour, family friend and so on) |  |

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| 1. **Disability**
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| Do you consider this child to have an impairment □Yes □No |
| If yes, what is the nature of their disability? |
| □ Visual impairment □ Learning disability□ Hearing impairment □ Multiple disability□ Physical disability □ Other (please specify) |

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| 1. **Sporting Information**
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| Has this child played cricket before? □ Yes □No |
| If yes, where has this been played? |
| □ Primary school □ Club□ Secondary school □ County/District/Area□ Special educational needs school □ Local authority coaching session(s)□ Other (please specify) |

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| 1. **Medical Information**
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| Please detail below, any important information that our coaches / junior co-ordinator need to know. Such as: allergies; medical conditions (for example – epilepsy, asthma and so on); current medication; special dietary requirements, any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us. |
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| Name of doctor / surgery name |
| Doctor’s telephone number |

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| **Consent Statement from Parent / Legal Guardian** |
| **Please tick each box where you agree (or delete if you do not agree)** |
| **Legal authority to provide consent:**□ I confirm I have legal responsibility for………………………………………………………..(name of child) and 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 my place (loco parentis), if the need arises for the administration of emergency first aid and/or medical treatment which in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrences 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 to me in section five of this form. |
| **Consent to participate:**□ I agree to the child named above taking part in the activities of the club. (This consent only relates to JUNIOR cricket.)  |
| Signed (parent/legal guardian): Date of signing: |
| Printed name of parent/ legal guardian who has completed this form: |
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| Summer Fees |

£25 for 6 weeks. Depending on the demand we will look to extend the coaching for further periods. Madehurst Cricket Club is an inclusive Club and would not wish anyone to be excluded from participating due to financial restrictions. Please approach Gareth Swales to discuss any issues/concerns, in confidence.

*Data protection. The club will use the information provided on this form, as well as, other information it obtains about the player (together “Information”) 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 ECB. In the event of a medical or child safeguarding 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 each person whose information you include in this form knows what will happen to their information and how it may be disclosed.*