**SANDY CRICKET CLUB JUNIOR MEMBERSHIP APPLICATION FORM 2023**

This form is designed to be completed by the parent, or legal guardian of any player under the age of 18.

As the person completing or receiving this form, you must ensure each person whose information you include in this form knows what will happen to their information and to whom it may be disclosed. Details are set out in the Privacy Notice, which is available at www.sandycricketclub.co.uk.

**Once completed, the form should be returned to Kirstie Stevenson at the Club along with the relevant membership fee. (£25 for the 1st child in a household, £12 for the 2nd and £5 for each subsequent child.)**

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| **SECTION 1 (MANDATORY): PERSONAL DETAILS OF YOUNG PLAYER**  |
| Name  |  |
| Home address  |  |
| Date of Birth | (Day) …………….. (Month) ……………… (Year) ……………………. |
| School attended & current year |  |
| **SECTION 2 (MANDATORY): PERSONAL DETAILS FOR PARENT/LEGAL GUARDIAN OF YOUNG PLAYER** |
| Name  |  |
| Home address (if different) |  |
| Email address:  |  |
| Home telephone number  |  |
| Mobile telephone number  |  |
| **SECTION 3 (OPTIONAL): ADDITIONAL EMERGENCY CONTACT DETAILS** ***please provide the contact details of an alternative adult below.*** |
| 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 child |
| **SECTION 4 (OPTIONAL): MEDICAL INFORMATION**  |
| Please detail below any important medical information that our coaches/junior co-ordinator need to know, and which would be affected by your child’s participation in cricket activities. 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 & number |
| Medical consent: I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the cricket club activity. (Not providing consent will not affect your child’s membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.)  |
| **SECTION 5 (MANDATORY): PARENT/LEGAL GUARDIAN PARTICIPATION AGREEMENT :**  |
| I agree to the child named above taking part in the activities of the club. I consent to the club photographing or videoing (name of child) involvement in cricket in line with the club photography/video policy. (If you do not wish to give consent for this please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your child’s membership of the club.I confirm I have read or been made aware of the clubs policies (available at www.sandycricketclub.co.uk)I understand and agree to the responsibilities which I and my child have regarding these policies and the conduct expected and required in practice or match sessions.Please tick if you would be willing to assist on match days or at practice sessions.I also confirm I understand that my details will be used for the purposes of club communications. |
| **SECTION 6: PRIVACY STATEMENT** |
| Sandy Cricket Club take the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.Please read the full privacy notice at www.sandycricketclub.co.uk carefully to see how the Club will treat the personal information that you provide to us. |
| **PARENT/GUARDIAN AGREEMENT**  |
|  By returning this completed form, I confirm that I have legal responsibility of (name of child) and that I have read and understood the permission statements on this membership form and the privacy notice.  Date: Signature:  |