

# FORFARSHIRE CC

## Junior Player Registration Form



<b>Full Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Post Code:</b>	
<b>Email Address:</b>		<b>School Attended:</b>	
<b>Parent/Guardian Occupation(s):</b>			

In case of emergency, please provide a minimum of 2 points of contact:

Name	Home No.	Mobile No.	Relationship
1			
2			
3			

### A. GENERAL, MEDICAL & PHYSICAL INFORMATION (Details of any conditions including medications):

<b>Name &amp; Address of Gen. Practitioner</b>	<b>Contact Number:</b>

### B CONSENT – MEDICAL TREATMENT

Do you give consent for an official of Ferry Forfs / Forfarshire Cricket Club to make such emergency decisions as necessary with regard to the treatment of any medical condition or injury received during any activity, until such time that you can be contacted?		
Do you give consent for an official of Ferry Forfs / Forfarshire Cricket Club to sign any medical document(s) necessary for your child to receive emergency medical treatment, including anaesthetic, which the medical professionals present consider necessary?		
<b>Print Name:</b>	<b>Signed:</b>	<b>Date:</b>

**C CONSENT – TRANSPORTATION OF CHILDREN**

Do you give consent for your child to be selected for, and to travel to, away fixtures?	
Do you give consent for your child to be transported by persons representing Forfarshire Cricket Club, individual members or affiliated clubs for the purposes of taking part in cricket?	
I understand that Forfarshire Cricket Club will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children	

**D CONSENT – PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

There may be occasions when photographs will be taken for local papers or club website, <i>e.g.</i> a squad photograph, or video analysis of players used for coaching purposes. Do you give consent for your child appearing in these photographs and/or videos, and for information about your child to be used in accordance with the Safe in Cricket – Good Practice Guidelines?	
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**E CONSENT – CONTACT INFORMATION**

Forfarshire Cricket Club may contact your child from time to time via email, text or social networking site. Do you give consent for your child to be contacted in this manner in accordance with the purposes stated in Safe in Sport – Good Practice Guidelines?	
Do you wish to be copied in to these messages? If so, then please ensure your email address and mobile number are in the Contact section of this form.	

**F CONSENT – OPEN AGE TEAM SELECTION**

<b>ONLY applicable to children at least 12 years of age on 31<sup>st</sup> August last year)</b>	
Do you give consent for your child to be selected for one of Forfarshire Cricket Club’s senior teams?	

**G CONSENT – SIGNATURES**

1. I am aware of Forfarshire Cricket Club’s ‘Child Wellbeing and Protection Policy’ and which includes ‘Safe in Cricket -Good Practice Guidelines’ and ‘Codes of Conduct’. I agree to work in partnership with Forfarshire Cricket Club to promote my child’s safe participation in cricket.
2. I undertake to inform Forfarshire Cricket Club should any of the information contained in this form change.
3. I understand that the information provided will be kept for sole use by the Forfarshire Cricket Club and Forthill Community Sports Club and that its use will comply with the Data Protection Act

<b>Parent / Carer’s Signature</b> (Please state relationship to child if not parent)		<b>Print Name</b>		<b>Date:</b>	
<b>Child’s Signature (if 8yrs or older)</b>				<b>Date:</b>	

<i>Administrative Use Only:</i>		<b>Season</b>	<b>Weekly</b>
<b>Subscription/session payment method</b>			
<b>Received on behalf of Forfarshire Cricket Club by:</b>			
<b>Print Name:</b>		<b>Signed:</b>	<b>Date:</b>