



Dear Parent / Guardian,

### **YOUTH REGISTRATION FORMS**

Hello & Welcome to another exciting season at Moreton in Marsh Cricket Club. It's that time of year when you need to register your child, pay your subs and look forward to lots of sunny weather!

1. **Please complete the 'Youth Registration Form'** and return them in an envelope to Martin Jones (Child Welfare Officer) or one of your coaches at the Club.
2. **Please arrange payment of your child's registration fee.** (All children must be registered to be covered by our insurance).

**For 2019, the fee is £50 per child.** This includes the cost of a club cap which must be worn at all matches. (It is your responsibility to replace a lost cap at your own expense so please look after it carefully!).

Payment can be made by either;

- **Cheque** payable to Moreton in Marsh Cricket Club
- **Card** payment at the club bar
- **Bacs** payment. Acc No: 0020421. Sort: 30-95-75

Thanks & Happy Cricketing!

Moreton In Marsh Cricket Club

Ps: For copies of our policies regarding data protection, child welfare and codes of conduct please speak to your Club Welfare Officer, Martin Jones, or visit the website.

### Get the latest Club News

Visit [www.moretoninmarshcc.co.uk](http://www.moretoninmarshcc.co.uk) for the latest news and fixtures lists.

Find us on Facebook and Twitter, become a fan and view the latest updates.



# Moreton in Marsh Cricket Club

## Youth Registration Form

(Complete & return to the Club along with registration fee)

---

### SECTION 1: PERSONAL DETAILS OF YOUNG PLAYER

Name	Age / Date of birth
Home address	Post code

### SECTION 2: PERSONAL DETAILS FOR PARENT/LEGAL GUARDIANS OF YOUNG PLAYER

Name	Home address (if different)	Post code (if different)
Email address:		
Home telephone number for parent/legal guardian:		
Mobile telephone number for parent/legal guardian:		

### SECTION 3: EMERGENCY CONTACT DETAILS

*Can we 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 child (for example, aunt, neighbour, family friend and so on)
---	--	---

---

#### SECTION 4: SPORTING EXPERIENCE INFORMATION

Has your child played cricket before:  Yes  No

If yes, where has this been played?

- |   |  |
|---|--|
| <input type="checkbox"/> Primary school                   | <input type="checkbox"/> Club                                |
| <input type="checkbox"/> Secondary school                 | <input type="checkbox"/> County                              |
| <input type="checkbox"/> Special educational needs school | <input type="checkbox"/> Local authority coaching session(s) |
| <input type="checkbox"/> Other (please specify):          |  |

#### SECTION 5: DISABILITY

We will use this information for statistical purposes as well as to establish if there are any additional needs / support / adjustments that 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 his or her ability to carry out normal day-to-day activities'.

Do you 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 you in any of the following areas?

- Vision impairment
- Hearing impairment
- Mobility impairment
- Dexterity impairment
- Learning impairment
- Memory impairment
- Mental Health impairment
- Stamina, Breathing or Fatigue impairment
- Developmental impairment
- Has other type of impairment, please provide more details:

#### SECTION 6: MEDICAL INFORMATION

Please detail below any important medical information that our club welfare officer/coaches 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.

Name of doctor/surgery name

Doctor's telephone 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 7: PARENT/LEGAL GUARDIAN PARTICIPATION AGREEMENT :

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

I confirm I have read, or have been made aware of, the clubs policies concerning:

Changing / showering

Missing children

Transporting children

Playing in open age (senior) matches

Photography / video

Anti bullying and the code of conduct

Managing children

Social media, text and email

I understand and agree to the responsibilities which I and my child have regarding these policies

I also confirm I have been given details of the home and away fixtures in which my child may participate

## SECTION 8: CLUB PHOTOGRAPHY/VIDEO CONSENT

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.

## SECTION 9: PRIVACY STATEMENT

Moreton in Marsh CC 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 below 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 below.

Date :

Signature:

### PARENT/GUARDIAN AGREEMENT FOR CLUB CONTACT FOR INFORMATION / MARKETING

I consent / do not consent to Moreton in Marsh CC contacting me for Non match information / marketing purposes.

Date:

Signature: