



HARPENDEN CRICKET CLUB

The Common, Harpenden, AL5 1DT
www.harpendencc.com

Junior Details & Consent Form

Name of child: _____

■ Disability

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 consider this child to have an impairment? **Yes** **No**

If Yes, what is the nature of their disability?

- | | |
|--------------------------|--------------------------|
| Visual Impairment | <input type="checkbox"/> |
| Hearing Impairment | <input type="checkbox"/> |
| Mental Health Impairment | <input type="checkbox"/> |
| Physical Disability | <input type="checkbox"/> |
| Learning Disability | <input type="checkbox"/> |
| Multiple Disability | <input type="checkbox"/> |

■ Sporting Information

Has this child played cricket before? **Yes** **No**

If Yes, where has this been played?

- | | |
|-----------------------------------|--------------------------|
| Primary School | <input type="checkbox"/> |
| Secondary School | <input type="checkbox"/> |
| Special Educational Needs School | <input type="checkbox"/> |
| Club | <input type="checkbox"/> |
| County | <input type="checkbox"/> |
| Local Authority Coaching Sessions | <input type="checkbox"/> |
| Other, please specify | <input type="checkbox"/> |

■ Medical Information

Please detail below any important medical information that our Coaches/Age Group Manager need to know. Such as: allergies; medical conditions e.g. epilepsy, asthma, and so on; current medication; special dietary requirements; any additional needs and/or injuries. Please let us know if you would like to discuss this privately with us.

Name of doctor/surgery name _____

Doctor/surgery telephone number _____

In the event of an incident or emergency, 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 provided as a contact for the club.

Name of an alternative adult _____

Phone number _____

Relationship to child _____



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■ Consent statement from parent/legal guardian

Please tick each box where you agree or delete if you do not agree

- I confirm I have legal responsibility for _____ 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 other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult.
- I confirm that to the best of my knowledge, my child/the child in my care does not suffer from any medical condition other than those detailed by me in the Medical Information section of this form.
- I agree to the child named above taking part in the activities of the club.

I confirm that I have read or been made aware of the club's policies concerning:

- Showering _____
- Missing children _____
- Transporting children _____
- Anti-bullying _____
- Code of Conduct _____
- Managing children away from the club _____
- Sun protection _____
- Photography _____
- Safeguarding _____
- Inclusion & Diversity _____

These policies can be viewed in the Club Policies section of the club website, www.harpendencc.com

- I understand and agree to the responsibilities which I and my child have in connection with these policies

Data Protection Statement

The club will use the information provided in this form, as well as other information it obtains about the player, to administer his/her cricketing activity at the club and any other 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 the investigation.

Please read the Privacy Statement on the club website, which describes in more detail where and how personal data is handled.

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

Name

Signature

Date