



Old Glossop Cricket Club

ANNUAL APPLICATION FOR JUNIOR MEMBERSHIP

The club has now adopted the ECB Safe Hands Policy, a copy of which is available through the club website.

The Club Welfare Officers details are on the club notice board.

Please use **BLOCK CAPITALS**

CHILDS NAME.....**DOB**.....**SC YR**.....

PARENTS/GUARDIANS NAME

ADDRESS.....

POST CODE..... **E-MAIL ADDRESS**.....

HOME TEL NO.....**OTHER NO**.....

EMERGENCY NAME

EMERGENCY TEL NO.....

By returning this completed form and ticking the boxes

- ☐ I agree to my son/daughter/child in my care, taking part in the activities of the club.
- ☐ I confirm that my child will comply with the Junior Rules
- ☐ I confirm that I understand the spirit of the Parents/Spectators code of conduct.
- ☐ I also give consent to the use of photography in the coaching of cricket (more details are available from the Child Welfare Officer) in respect of my child.
- ☐ I understand that I will be kept informed of cricket activities at the club – for example timing and transport details for away matches when my child is involved.
- ☐ I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.
- ☐ I am aware that should my child play for a senior team he/she may have to share changing and showering facilities (See Guidelines on Page 4).
- ☐ I understand that any privately owned vehicle in which my child may travel in connection with matches played on behalf of the Club, will have a current MOT certificate and Road Fund Licence and be insured appropriately.

Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	

For statistical purposes we also need to record information on disability and the club would be grateful if you could complete the next section

Disability

The Disability Discrimination Act 1995 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'.

Does your child have a disability? Yes ☐ No ☐

If yes, what is the nature of the disability?

☐ Visual impairment

☐ Hearing impairment

☐ Physical disability

☐ Learning disability

☐ Multiple disability

☐ Other (please specify)

MEDICAL INFORMATION

1. Does your child experience any conditions requiring medical treatment and/or medication?

Yes ☐ No ☐

If yes, give details

2. Does your child have any allergies?

Yes ☐ No ☐

If yes, please give details

3. Does your child have any specific dietary requirements?

Yes ☐ No ☐

If yes, please give details

4. Please provide any further information you feel is necessary

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary

Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	