



BREDON CRICKET CLUB Junior Membership Form 2016

Adult Playing Member £20 Adult Social Member £10 Junior Member £10

(One adult playing or social member is required for all junior members in the same household)

Lead Adult Member Details			
Surname		Forename(s)	
Member Type (Playing or Social)			
Address			
Telephone		Email (MUST)	
Mobile			
Member Signature			Membership No. (club use only)

Emergency Contact Details			
In the event of an incident, or emergency situation, 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.			
Surname		Forename(s)	
Mobile		Relationship this person has to the child	

Junior Member Details (NB primary contact details will be those of the Lead Adult Member)			
Surname		Forename(s)	
Date of birth		School Year	
Membership No. (club use only)			

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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the nature of their disability?	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Hearing impairment
	<input type="checkbox"/> Multiple disability	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other (please specify below)

Medical Information			
Please detail below, any important medical information that our coaches/club welfare officer, need to know. 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		Telephone	

Lead Adult Member to sign below
 I agree to my son/daughter/child in my care taking part in the activities of the club. 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 which I have named.

Tick this box if you do NOT wish photographs of the child on this form to be used in club and external media

Signature:		Date:	
------------	--	-------	--

Payment by Cheque: payable to 'Bredon Cricket Club',
By Bank transfer: Account Name: Bredon Cricket Club Sort Code 40-44-10 Account Number 41245422

Total amount due	£	Please use surname and initial as payment ref.
------------------	---	--

Data Protection: The club will use the information provided on this form, to administer his/her cricketing activity at the club, and in any 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 a 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 an investigation.
AS THE PERSON COMPLETING THIS FORM, YOU MUST ENSURE EACH PERSON WHOSE INFORMATION YOU INCLUDE IN THIS FORM S WHAT WILL HAPPEN TO THEIR INFORMATION AND HOW IT MAY BE DISCLOSED.