**BREDON CRICKET CLUB**

**Junior Cricket Camp 2023**

**31st July – 3rd August**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant Details** | | | | | | | | | |
| **Surname** | |  | | **Forename(s)** | |  | | | |
| **Date of birth** | |  | | **School Year**  **(on 1st May)** | |  | | | |
|  | | | |  | | | | | |
| **Special Requirements** | | | | | | | | | |
| Please detail any additional support you child might require. | | | | | | | | | |
|  | | | | | | | | | |
| **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** | | |  | |
| **Parent/Carer Details** | | | | | | | | | |
| **Surname** |  | | | | **Forename(s)** | |  | | |
| **Email** |  | | | | **Address:** | | | | |
| **Telephone** |  | | | |
| **Mobile** |  | | | |
|  | | | | | | | | | |
| **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** | | | | |  |

I agree to my son/daughter/child in my care taking part in the activities of the cricket camp. 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 or videos of the child on this form to be used in club and external media **

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

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| --- | --- | --- | --- |
| Total amount due | £ |  | £100 for 4 days or £30 a day |
| By Bank transfer: Acc Name: Bredon Cricket Club; Sort Code 40-44-10; Acc No 41245422; Payment Ref Surname and initial | | | |
| 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 KNOWS WHAT WILL HAPPEN TO THEIR INFORMATION AND HOW IT MAY BE DISCLOSED. | | | |