

# WARESLEY CRICKET CLUB Junior Membership Form 2014



Welcome to a new season at Waresley. We are delighted you have chosen to join us.

## Personal Details

Name: .....

Address: .....

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Home Tel: ..... Parent's Mobile No: .....

Child's Mobile No. (if applicable) : .....

Email: .....

Date of Birth: ..... School Year: .....

Have you played cricket before? Yes/No

If yes, where .....

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Please detail below any important medical information that our coaches/junior coordinators should be aware of (eg epilepsy, asthma, diabetes, allergies etc)

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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".

Do you consider yourself to have a disability? Yes/No

If yes, what is the nature of your disability? Please specify

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## Parent/Carer Section

### In the event of an accident/incident please contact

Name 1: ----- Emergency Contact No: -----

Name 2: ----- Emergency Contact No: -----

### Travel to matches/use of photographs in club publications

Whilst we encourage all parents/carers to come along and support at matches, we realise that this is not always possible. Are you happy for your son/daughter/child in your care to travel with another parent/carers if necessary? (Please indicate) Yes/No

Do you give permission for your child to be photographed during club activities and for those likenesses to be used in Club publications? (Please indicate) Yes/No

### Further involvement in the Club

Volunteering - Can you offer support to your club in any of the following ways :-

- Refreshments at home matches/training nights
- Match Fee Collection
- Scoring matches
- Umpiring matches
- Set up for matches/help with pitch preparation
- Transport of players to away matches
- Kit Sales

Would you be interested in managing a team? Yes/No

Would you be interested in becoming a coach? Yes/No

By returning this completed form I agree to my son/daughter/child in my care taking part in the activities of the Club and to being contacted via email and/or phone regarding these activities.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/carers: \_\_\_\_\_

Signature of parent/carers: \_\_\_\_\_

Date: \_\_\_\_\_

**Season Registration Fee of £25 enclosed**

**Yes/No**

**Cheque/ Cash**