



## 2017 Junior Membership

We are very pleased to welcome you to Hurley Cricket Club. Membership for 2017 is:

- £45 U7s
- £60 Junior (U9s to U17s)
- £110 Junior Family (up to 3 children)

To pay the 2017 subscriptions please make an online bank transfer for the relevant amount to:

- **Account Number** : 70507873
- **Sort** : 20-39-53
- **Bank Name** : Barclays Bank
- **Reference** : Childs Name (s)

**Please email** your team manager to confirm that payment has been made. If you have not yet completed a contact details form or your contact details have changed please complete the sections below, and email back to your team manager.

### Section 1 – Personal Details (young people under the age of 18)

Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Name of School / College:	<input type="text"/>

### Section 2 – Personal Details (Parent / Legal Guardian)

Name:	<input type="text"/>
Address:	<input type="text"/>
Occupation (optional)	<input type="text"/>
Home telephone number:	<input type="text"/>
Work Telephone number:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

### Section 3 – 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'.

Do you consider yourself to have a disability?

Yes

No

If yes, what is the nature of your disability?

#### Section 4 – Medical Information

Name of Doctor / Surgery:

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Doctor / Surgery Telephone number:

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Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

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#### Medical consent:

- I give my consent that in an emergency situation, the Club may act *in 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 that all reasonable steps will be taken to contact me or the alternative adult which I have named in section 6 of this form.
- I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me above.

#### Section 6 – Emergency Contact Details (alternative contact)

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 or her details have been provided as a contact for the Club:

Name:

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Relations to young person:

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Address

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Home telephone number:

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Work Telephone number:

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Mobile:

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#### Section 7 - Automatic Non- Voting Membership Status

Junior membership of the club also provides that the parent(s) / carer(s) / guardian(s) of the child are given non-voting membership of the club as part of that junior membership. This entitles the parent(s) / carer(s) / guardian (s) no additional privileges that would otherwise be gained by paying the appropriate adult membership fee(s).

#### Section 8 – Data Protection

The Club will use the information provided on this Membership Form (together with other information it obtains about the player) 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 England and Wales Cricket Board. In the event of a medical issue or child protection 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 that each person whose information you include in this form knows what will happen to their information and how it may be disclosed.**

By returning this completed Membership Form, I agree to my child in my care taking part in the activities of Hurley Cricket Club.

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

Signed:

(Young Person)

Print:

(Young Person)

Date:


Signed:

(Parent / Legal Guardian)

Print:

(Parent / Legal Guardian)

Date:
