

Scaynes Hill Cricket Club

We are very pleased to welcome you to Scaynes Hill Cricket Club. To ensure we have the correct contact details for you, please fill out this Membership Form and return it to Simon Berrill, Head of Junior Cricket, Scaynes Hill Cricket Club, C/O 19 Bridgers Mill, Haywards Heath, Sussex RH16 1TF

If you are under the age of 16 please also ask your parents / carer or legal guardian to sign the Membership Form before it is returned. We will also use this information to ensure that you are kept informed about events and information from Scaynes Hill Cricket Club.

Section 1 – Personal Details (young people under the age of 16)

Name:

Age:

Name of School / College:

Section 2 – Personal Details (Parent / Legal Guardian)

Name:

Address:

Postcode:

Home telephone number:

Work Telephone number:

Mobile:

Email:

Section 3 - Subscriptions for 2008

Subscriptions for 2008 will be £45 for the first child and £25 for each sibling. Membership includes training on Saturday morning or Monday evenings (depending on the age of the child) and any league matches they may be selected for. Those who are of the required standard will also get free cricket in our 1st, 2nd and 3rd XI league sides. Please make your cheques payable to Scaynes Hill Cricket Club. Membership for girls will continue to be free. Included in the membership will be a new Club playing shirt.

Section 4 – Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

A

White

British

Irish

Any other white background (please specify)

B

Mixed

White & Black Caribbean

White & Asian

White & Black African

Any other mixed background (please specify)

C

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify)

D

Black or Black British

Caribbean

African

Any other Black background (please specify)

E

Chinese or other ethnic group

Chinese

Any other (please specify)

Section 5 – Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial 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 detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disabilities

Other (please specify):

Section 6 - Emergency contact details

To be completed by the parent/carer

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. parent/carer

Emergency contact number:

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 7 – 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:	<input type="text"/>
Relations which this person to the young person:	<input type="text" value="E.g. Aunt, neighbour etc..."/>
Home telephone number:	<input type="text"/>
Work Telephone number:	<input type="text"/>
Mobile:	<input type="text"/>

Section 8 – Sporting Information (To be completed by new joiners only)

Have you played cricket before? Yes No

If yes, where have you played the sport: (please indicate below)

- | | |
|-------------------------------------|--------------------------|
| Primary school | <input type="checkbox"/> |
| Secondary school | <input type="checkbox"/> |
| Local authority coaching session(s) | <input type="checkbox"/> |
| Club | <input type="checkbox"/> |
| County | <input type="checkbox"/> |
| Other (please specify): | |

Section 9 – 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 Scaynes Hill Cricket Club.

I understand that I will be kept informed of activities at Scaynes Hill Cricket Club – for example times and transport details etc...

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: