

Subscription Paid		
£48	Junior	Yes / No
£90	Family	Yes / No
BACS Sort Code: 60-04-30		
Account Number: 77206967		



AGE GROUP	
U9	Yes / No
U11	Yes / No
U13	Yes / No
U15	Yes / No
U18	Yes / No

**Player Profile Form  
Season 2021**

**(for players under the age of 18)**

- This form is designed to be completed by the parent, or legal guardian of any player under the age of 18. It should also be signed by the player themselves
- Once completed, this form should be returned to Fraser Conn.
- Please pay by direct transfer using the players' name as the reference.

Data protection. Carlisle Cricket Club will use the information provided on this form, as well as, other information it contains about the player (together '**Information**') 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 information to County Boards, leagues and to the ECB. In the event of a medical or 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 advisors involved in an investigation.

***As the person completing this form, you must ensure each person whose information you include on this form knows what will happen to their information and how it may be disclosed.***

Section 1 Personal details for young player and their parent / legal guardian:		
Name of child (Under 18)	Child's Date of Birth	Names of parent or legal guardian
Home Address	Postcode	Email address for parent / guardian
Home Telephone Number	Work Telephone number for parent / guardian	Mobile telephone number for parent / guardian

**Section 2 Emergency Contact Details**

In the event of an incident, or emergency, 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.

Name of an <u>alternative</u> adult who can be contacted in an emergency	Phone Number for alternative named adult	Relationship which this person has to the child (eg aunt, neighbour, family friend and so on)
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**Section 3 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?      Yes       No

If yes, what is the nature of their disability?

- Visual impairment       Learning disability       Other (please specify)  
 Hearing impairment       Multiple disability       Physical disability

**Section 4 Sporting Information:**

Has this child played cricket before?      Yes       No

If yes, where has this been played?

- Primary School       Club  
 Secondary School       County  
 Special Needs School       Local authority coaching  
 Other (please specify):      session (s)

**Section 5 Medical Information**

Please detail below, any important medical information that our coaches / junior co-ordinator needs 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 name

Doctor's telephone number

**Consent statement from parent / guardian**

Please tick each box where you agree (or delete if you do not agree)

Legal authority to provide consent:

- I confirm I have legal responsibility for \_\_\_\_\_ (name of child) and am entitled to give this consent
- I confirm to the best of my knowledge, all information provided on this form is accurate, and I will undertake to advise the club of any changes to this information.

**Medical Consent:**

- 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 or 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 in section two of this form.
- I confirm to the best of my knowledge, my child / the child in my care does not suffer from any medical condition other than those detailed to me in section five of this form.

**Consent to participate:**

I agree to the child named above taking part in the activities of the club. (This consent only relates to JUNIOR cricket. Please see the Open Age cricket policy for more information on juniors playing in open age group cricket)

I confirm I have read, or been made aware of, the club's policies concerning:

- changing / showering
- transport children
- photography / video
- social media, text and email
- missing children
- playing in adult matches
- anti bullying and the code of conduct

I understand and agree to the responsibilities which I and my child have in connection with these policies

I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography / video policy. [NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE]

I also confirm I have been given details of the home and away fixtures in which my child may participate.

Signed (parent / legal guardian):

Date of signing:

Printed name of parent / legal guardian who has completed this form:

**Consent from child in connection with club photography / video policy**

(For players aged 12 - 18) Please indicate if you DO or DO NOT agree with the statement below:

I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography / video policy. [NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE]

Signed (child if 12 years or older):

Date of signing: