

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 2022**

(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.
- Once completed, this form should be returned to Nico Watt at the club.

Please pay by direct transfer using the players' name as the reference.

SECTION 1: PERSONAL DETAILS OF YOUNG PLAYER

Name	Age / Date of Birth
Home address	Post code

SECTION 2: PERSONAL DETAILS FOR PARENT / LEGAL GUARDIANS OF YOUNG PLAYER

Name	Home address (if different)	Postcode (if different)
Email address:		

Home telephone number for parent / legal guardian:

Mobile telephone number for parent / legal guardian:

SECTION 3: EMERGENCY CONTACT DETAILS

Can we use the above details as a contact in an emergency? If not, please provide the contact details of an alternative adult below.

AS the person completing this form, you must ensure each person whose information you include in these forms knows what will happen to their information and how it may be disclosed.

Name of an alternative adult who can be contacted in an emergency	Phone number for alternative named adult	Relationship which this person has to the child (for example, aunt, neighbour, family friend and so on)
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SECTION 4: SPORTING EXPERIENCE INFORMATION

Please circle appropriate answer.

Has your child played cricket before: Yes No

If yes, where has this been played?

Primary School

Club

Secondary School

County

Special Educational Needs School

Local Authority coaching session(s)

Other (please specify):

SECTION 5: DISABILITY

We will use this information for statistical purposes as well as to establish if there are any additional needs / support / adjustments that your child may require, please discuss this with us.

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 have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more? Yes No

Does this disability or illness affect you in any of the following areas? (Please circle those that apply)

Vision impairment

Hearing impairment

Mobility impairment

Dexterity impairment

Learning impairment

Memory impairment

Mental Health impairment

Stamina, Breathing or Fatigue impairment

Developmental impairment

Has other type of impairment, please provide more details

SECTION 6: MEDICAL INFORMATION

Please detail below any important medical information that our coaches / junior co-ordinator need to know which would be affected by your child's participation in cricket activities, such as: allergies; medical conditions (for example – epilepsy, asthma and so on) current medication; special dietary requirements, any additional needs, and / or injuries. Please indicate if you would like to discuss this privately with us.

Name of Doctor / Surgery Name

Doctor's telephone number

Medical consent

I consent to my medical details to be shared with coaches / leaders for the purposes of the delivery of my safe participation in the cricket club activity. Yes / No

Not providing consent will not affect your child's membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.

SECTION 7: PARENT / LEGAL GUARDIAN PARTICIPATION AGREEMENT:

I agree to the child named above taking part in the activities of the club Yes / No

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

Changing / showering	Yes / No	Missing children	Yes / No
Transporting children	Yes / No	Playing in open age (senior) matches	Yes / No
Photography / video	Yes / No	Anti bullying and the code of conduct	Yes / No
Managing children	Yes / No	Social media, text and email	Yes / No

I understand and agree to the responsibilities which I and my child have regarding these policies Yes / No

I also confirm I have been given comprehensive details of the home and away fixtures in which my child may participate. Yes / No

SECTION 8: CLUB PHOTOGRAPHY / VIDEO CONSENT

I consent to the club photographing or videoing (name of child) involvement in cricket in line with the club photography / video policy. Yes / No

If you do not wish to give consent for this, please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your child's membership of the club.

SECTION 9: PRIVACY STATEMENT

Carlisle Cricket Club takes the protection of the data we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.

Please read the full privacy notice carefully to see how Carlisle Cricket Club will treat the personal information that you provide to us.

PARENT / GUARDIAN AGREEMENT

By returning this completed form, I confirm that I have legal responsibility of (name of child) and that I have read and understood the permission statements on this membership form and the privacy notice.

Date

Signature