

MIRFIELD CRICKET CLUB JUNIOR
MEMBERSHIP FORM 2017

MCC TEAM U

Name of Child School Year

Name of parent or legal guardian

Address

Postcode

Home telephone number

Parents Mobile

Parents Email

Date of Birth

Sporting information

Has this child played cricket before

Yes No

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

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 this child to have an impairment?

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

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

Medical information

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

Emergency contact details

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/her details have been provided as a contact for the club.

Name of alternative adult

Phone number of alternative adult

Relationship to the child i.e. aunt, neighbour family friend etc.

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 of emergency first aid and or other medical treatments 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 alternative adult which I have named in this form.

By returning this completed form,

- I agree to my son/daughter/child in my care taking part in the activities of the club.
- I understand that I will be kept informed of these activities – for example timing and transport details.
- I consent to the club photographing or videoing my child's involvement in cricket under the terms and conditions in the club photography/video policy.
- 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/carer:.....

Signature of parent/carer: **Date:**.....