

## Colts Membership Form

### *Mortimer West End Cricket Club*

We are very pleased to welcome you to *Mortimer West End Cricket Club*. To ensure we have the correct contact details for you, please fill out this Membership Form and return it to:

*Anthony Dench  
Colts Development Manager  
Almeda, Abbey Park  
Burghfield Common  
RG7 3HQ*

We will also use this information to ensure that you are kept informed about events and information from *Mortimer West End Cricket Club*.

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

Name:

Date of Birth:

Name of School / College:

\* Mobile:

\* Email:

\* only provide this information if you consent to the club contacting colts members directly to provide information on cricket and related activities

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

Name:

Address (inc  
postcode):

Home telephone number:

Work Telephone number:

Mobile:

Email:



### 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?

Visual impairment  Physical disability

Hearing impairment  Learning disability

Multiple disability

Other (please specify):

### Section 4 - Sporting Information

Have you played Cricket before? Yes  No

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

Primary school  Special Education Needs School

Secondary school  Local authority coaching session(s)

Club (please state the club)

Other (please specify)

### Section 5 – Medical Information

Name of Doctor / Surgery:

Doctor / Surgery Telephone number:

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

#### 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:	<input type="text"/>
Relationship	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Home telephone number:	<input type="text"/>
Work Telephone number:	<input type="text"/>
Mobile:	<input type="text"/>

### Section 7 – Acknowledgement of Club Policies

Please tick each box to confirm that you have read, or are aware of the following club policies. These policies can be found on our web site at [www.mwecc.co.uk](http://www.mwecc.co.uk):

- |  |   |
|--|---|
| <input type="checkbox"/> Changing and Showering            | <input type="checkbox"/> Code of Conduct for Young People       |
| <input type="checkbox"/> Video and Photography             | <input type="checkbox"/> Transportation of players              |
| <input type="checkbox"/> Children playing in Adult Cricket | <input type="checkbox"/> Code of Conduct for Members and Guests |
- I understand and agree to the responsibilities that my child and I have in relation to these policies
- I consent to the club photographing or videoing my child's involvement in cricket subject to the conditions in the club photography and video policy.
- I consent for my child to be transported by a responsible driver to away fixtures when competing in one of the Adult Cricket Teams at Mortimer West End Cricket Club. Collection and drop off points will be agreed with me in advance on each occasion.



## Section 8 - 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). Any use of facilities (for example social / training / playing) may incur such charges as applicable to relevant adult membership.

## 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 *Mortimer West End Cricket Club*.

I understand that I will be kept informed of activities at *Mortimer West End 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:

