

BVCC JUNIOR MEMBERSHIP FORM

CHILD'S NAME:			
DATE OF BIRTH:		SCHOOL YEAR:	
PARENT OR GUARDIAN NAME(S):			
ADDRESS:			
HOME PHONE NUMBER:			
EMAIL ADDRESS:			
MUM'S MOBILE NUMBER:			
DAD'S MOBILE NUMBER:			
OTHER SAFE CONTACT NAME:			
OTHER SAFE CONTACT PHONE NUMBER(S)			
FOR SUPPORT NEEDS & STATISTICAL PURPOSES PLEASE STATE IF YOUR CHILD HAS A DISABILITY YES <input type="checkbox"/> NO <input type="checkbox"/>			
VISUAL IMPAIRMENT: <input type="checkbox"/>	HEARING IMPAIRMENT <input type="checkbox"/>	LEARNING DISABILITY <input type="checkbox"/>	
PHYSICAL DISABILITY <input type="checkbox"/>	MUTIPLE DSABILITIES <input type="checkbox"/>	OTHER: <input type="checkbox"/>	
DOES YOUR CHILD EXPERIENCE ANY CONDITIONS WHICH REQUIRE MEDICAL TREATMENT YES <input type="checkbox"/> NO <input type="checkbox"/>			
MEDICAL INFORMATION:	PLEASE NOTE INHALERS MUST BE NAMED AND BROUGHT TO PRACTICE SESSIONS & MATCHES OTHERWISE YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE		
ALLERGIES:			
SPECIAL DIETARY NEEDS:[
SPECIAL INFORMATION OR INSTRUCTIONS:	PLEASE PROVIDE INFORMATION THAT MAY HELP BVCC TO SUPPORT YOUR CHILD		
<ul style="list-style-type: none"> I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above. I consent to my child receiving treatment for minor injuries by the first aider e.g. use of plasters I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. 			
PARENT OR GUARDIAN'S NAME:			
PARENT OR GUARDIAN'S SIGNATURE		DATE:	

BVCC JUNIOR MEMBERSHIP FORM 2016

The club has adopted the ECB 'Safe Hands' Child Welfare Policy, a copy of which is kept by BVCC Welfare Officers' John Ryan and Lorna Robinson.

Under the Data Protection Act, any information provided will be treated with the utmost confidentiality and only shared with relevant personnel in the best interests of your child.

Please read and complete by ticking the boxes:

<input type="checkbox"/>	I agree to my child taking part in the activities of the club
<input type="checkbox"/>	I confirm that my child will comply with the Junior Rules (copy displayed on club notice board or provided on request)
<input type="checkbox"/>	I confirm that I understand the spirit of the Parents/Spectators code of conduct (copies displayed on club notice board or provided on request)
<input type="checkbox"/>	I give consent to the use of photography of my child for the purposes of coaching cricket or via BVCC social media to promote the success and achievement of the junior teams. (for more information speak to the CWO)
<input type="checkbox"/>	I understand that I will be kept informed of cricket activities at the club e.g. timing and transport details for away matches when my child is involved. Please ensure that any change of contact details are given to the coaches and/or CWO.
<input type="checkbox"/>	I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury /illness appropriately. I accept that there must be an appropriate adult to contact if an emergency occurs.
<input type="checkbox"/>	I am aware that if my child is age 13 in the forthcoming year that they may be selected to play for the senior teams and that they may have to share changing and showering facilities with adult members.
<input type="checkbox"/>	I confirm that when transporting players to and from matches and training, my car will have a current/valid M.O.T, tax and insurance cover.
<input type="checkbox"/>	When playing open age cricket I accept that I will transport my child or that he/she will travel with a responsible named adult from BVCC.
<input type="checkbox"/>	I accept that when attending practice sessions or matches that my safety, and that of any children in my charge who are not participating, is my responsibility.
<input type="checkbox"/>	I accept that it is my responsibility to notify BVCC coaches and/or CWO of any changes to personal circumstances, address or contact details.
<input type="checkbox"/>	I accept that I am responsible for notifying BVCC coaches and/or CWO of any changes to medical information and treatment of medical conditions.
<input type="checkbox"/>	I accept that I am responsible for administering any necessary medication to my child (other than inhalers).
<input type="checkbox"/>	I accept that my child can use their own inhalers as and when needed.
<input type="checkbox"/>	I accept that my child will not be able to participate in practice sessions or matches unless they have their own, named inhaler with them at all times.

CHILD'S NAME:

PARENT OR GUARDIAN'S NAME:

PARENT OR GUARDIAN'S SIGNATURE

DATE: