

PICKWICK CRICKET CLUB JUNIOR MEMBERSHIP APPLICATION FORM 2023

Apply here for Junior Coaching Membership at Pickwick Cricket Club. Please complete all sections of this form as required. This form is **to be completed by an parent or guardian over the age of 18**. By completing this application form you agree to act in accordance with the rules and requirement of the Club Constitution, Junior Code of Conduct, Code of Conduct for Parents, Carers & Guardians, Members Code of Conduct and Privacy Policy Statement.



Once completed, the form should be returned to the Club.

The Club uses the ECB's Play-Cricket system to store data. Data from this form may, therefore, be entered onto that system.

SECTION 1 (MANDATORY): PERSONAL DETAILS OF PLAYER / OFFICIAL All information in this Section 1 will be used by the Club & provided to the ECB. It will be used & protected as described in the Privacy Notice below.

Junior player full name			
Parent full name			
Home address			
	Postcode		
Date of birth	(Day)	(Month)	(Year)
Gender			
Email address			
Home phone number	Mobile phone number		
School	School Year		
Are you interested in playing League Cricket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you answer 'yes', should you be selected by the Club to play us in a League requiring player registration, relevant information from this Section 1, will be provided to that League to enable them to check your eligibility to play in that League.
If you are a player and attend a County Board or League run event (such as trials, nets or representative fixtures), the Club may provide your name and contact details to the relevant League / County Board to enable them to notify you of arrangements.			

SECTION 2 (OPTIONAL): EMERGENCY CONTACT DETAILS

Name of an adult who can be contacted in an emergency	Phone number of named adult	Relationship which this person has with you

SECTION 3: ETHNICITY

White
 Mixed
 Asian or Asian British
 Black or Black British
 Hispanic
 Chinese

Other ethnic group (please specify) _____

SECTION 4 (OPTIONAL): SPORTING EXPERIENCE INFORMATION

Have you played cricket before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, where has this been played?	
	<input type="checkbox"/> Club	<input type="checkbox"/> School	<input type="checkbox"/> Local authority coaching session(s)	<input type="checkbox"/> University <input type="checkbox"/> Other (please specify)

SECTION 5 (OPTIONAL): DISABILITY By providing the information in this Section 5, you are giving your explicit consent to the Club using this information (and any additional disability information provided by or for you) for statistical purposes as well as to establish if there are any additional needs / support / adjustments that you may requires.

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 applicant in any of the following areas?	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Mobility impairment	<input type="checkbox"/> Dexterity impairment	<input type="checkbox"/> Memory impairment
	<input type="checkbox"/> Learning impairment	<input type="checkbox"/> Mental health impairment	<input type="checkbox"/> Stamina, breathing or fatigue impairment		
	<input type="checkbox"/> Developmental impairment	<input type="checkbox"/> Has other type of impairment, please provide more details: -			

SECTION 6 (MANDATORY): MEDICAL INFORMATION

By providing the information in this Section 6, you are giving your explicit consent to the Club using this information (and any additional medical information provided by or for you) to help you when you participate in cricket activities.

Please detail below any important medical information that our club volunteers need to know and which would be affected by applicant'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 any 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 applicant medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in Club activity. If you do not give your consent, this will not affect your membership of the Club. However, giving us consent to share this information will help Club coaches and leaders to know how to respond effectively in the case of any medical emergency.

SECTION 7 (OPTIONAL): CLUB PHOTOGRAPHY/VIDEO CONSENT

PHOTOGRAPHING OR VIDEOING CONSENT:

I consent to the Club photographing or videoing applicant's involvement in cricket in line with the Club photography/video policy. If you do not give your consent, this will not affect applicant's membership of the Club. If you choose not to give consent, please contact us to discuss how we can manage any potential photography.

SECTION 8: PRIVACY STATEMENT

PICKWICK CRICKET CLUB takes the protection of the data that 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 Club's Privacy Notice below carefully to see how the Club will use and protect your personal data, who it may be disclosed to and why and your rights in respect of your personal data.

CONSENT FORM INFORMATION & PARENT/CARER/GUARDIAN SIGNATURE

I agree to my son/daughter/child in my care taking part in the activities of the Club. By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the Privacy Notice below. I understand that I will be kept informed of these activities, for example, timing and transport details. I understand that, in the event of any injury or illness, all reasonable steps will be taken to contact me or my husband/wife/partner, and to deal with that injury/illness appropriately.

The Club will use the information provided in this consent form 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. This in line with the Club's Safeguarding Policy and Privacy Policy Statement.

1. I give consent to the club to administer first aid; and appropriate medical treatment in the event of an emergency.
2. I consent to the Club photographing or videoing in accordance with the Club's Videoing and Photography Policy. I understand some photographs and videos may be posted/live streamed on the Club website or closely affiliated authorised websites. I confirm I have legal parental responsibility for this child and am entitled to give this consent.
3. I consent for my son/daughter to represent PICKWICK CRICKET CLUB Senior Cricket teams as they are over 13 years of age.
4. If my child is between 16 and 18 years old, I give consent for them to be included in a team Whatsapp group with adult players, without my inclusion.
5. I understand my son/daughter must arrived changed in club kit, if under 18 and playing for a PICKWICK CRICKET CLUB adult team.
6. I understand my son/daughter must wear a helmet when batting or keeping wicket with a hard ball, in accordance with ECB guidance.

Sign here. To be completed by the parent/carer of the junior member under the age of 18.

Print Name:

Date:

Signature:

Pickwick Cricket Club is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you. If you consent to us contacting you for this purpose, please tick