Player profiles forms enable those responsible for children to have the information they need to deal effectively with any emergency situation that arises.

Although information obtained on these forms must be treated as confidential (and only given to those who need it to fulfil a duty of care for the child), it is also critically important this information is readily to hand at sessions and matches.

Christleton CC have developed their own workable system that achieves both objectives. Forms are available on request.

Christleton Cricket Club

ANNUAL APPLICATION FOR JUNIOR MEMBERSHIP 2016

The club has adopted the ECB 'Safe Hands' Cricket's Policy for Safeguarding Children', a copy of which is kept by the Club Welfare Officer. This application form is being used to ensure that all relevant areas of the policy are being addressed—after completion please bring pages 1&2 to the registration afternion and retain pages 3&4 for your own information.

The Club Welfare Officers details are on the back page for your retention

Hease use BLOCK CATTIALS		
CHILDS NAME	DOBSCHOOL YR	
PARENTS/GUARDIANS NAME		
E-MAIL ADDRESS (please complete)		
ADDRESS		
POST CODEHOME TEL NO		
MOBILE NO		
EMERGENCY NAME		
EMERGENCY TEL NO		
By returning this completed form and ticking the boxes: [] Lagree to my son/daughter-child in my care, taking part in the activities of the club. [] Confirm that my child will comply with the Junior Rules [] Loonfirm that I understand the spirit of the Cricket Club Members and Guests code of conduct. [] Lunderstand that I will be kept informed of cricket activities at the club—for example timing and transport details for away matches when my child is involved. [] Lunderstand that in the event of any minury or illness, all reasonable steps will be taken to contact me and to deal with that minury/illness appropriately. [] I am aware that should my child play for a senior team he/she may have to share changing and showering facilities (See Guidelines on Page 4). [] Loonfirm that when transporting players to and from matches and training, my car will be appropriately M.O.T.d. Taxed and insured. [] a corept that when attending matches ipractice nights my safety, and that of any children in my charge not participating, is my responsibility. [] also give consent to the use of photography and/or video in the coaching of cricket (more details are available from the Child Welfare Officer) in respect of my child. [] Ligive my consent for my child's image to be used within publicity material for the club. This may include newspaper articles, the club website and the club social media accounts (more details are available from the Junior Co-Ordinator or Child Welfare Officer). [] I give my consent for my contact details to be used within the "Teamer net" team management website, which allows each junior coach to manage the team and arrange matches.		
Name of Parent/Guardian		
Signature of Parent/Guardian		
Date		

By completing this form and juniors becoming members of Christleton Cricket Club, all Parents/Guardians will be deemed to be non-voting members of the Junior section of the

	For statistical purposes we also need to record information on disability and the club would be		
	grateful if you could complete the next section:		
	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'.		
	Does your child have a disability? Yes □ No □		
	If yes, what is the nature of the disability?		
	□ Visual impairment	☐ Hearing impairment	
	□ Physical disability	☐ Learning disability	
Ш	□ Multiple disability	Other (please specify)	
MEDICAL INFORMATION			
MEDICAL INFORMATION			
	 Does your child experience any conditions requiring medical treatment and/or medication? 		
	Yes□ No□		
	If yes, give details		
Г			
_	Does your child have any allergies?		
Ves Non			
	If yes, please give details		
г	ir yes, picase give details		
Does your child have any specific dietary requirements?			
	Yes□ No□		
	If yes, please give details		
г	ir yes, picase give details		
Please provide any further information you feel is necessary			
Г	,		
_			
	 I confirm to the best of my knowledge that my son/daughter does not suffer from any medical 		

- Condition other than those detailed above
 I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Which of the following ethnic groups best describes your child.

A White | British | Irish | any other white background (please specify)

A White | British | Britis

We are always looking for more people who are willing to give their time to the club in a number of aspects relating to the junior section as well as the general running and maintenance of the club, should you have anything you could offer please detail below:

- I am able to a saist the club regularly/occasionally in one or more of the following ways:

 Coaching I would be interested in taking a recognised coaching award.

 Team Management I am able to travid to matches home and away.

 Secretarial I am willing to maintain the appropriate paperwork to ensure the ongoing

