

BRIDGEND TOWN YOUNG CRICKETERS

Membership Form



We are very pleased to welcome you to Bridgend Town Young Cricketers, the junior section of Bridgend Town Cricket Club. To ensure we have the correct contact details for you, please fill out this Membership Form and return it to Tony Smith, Youth Organiser, c/o The Pavilion, Newbridge Fields, Bridgend, before the first match of the season.

If you are under the age of 18 please also ask your parents / carer or legal guardian to sign the Membership Form before it is returned. We will also use this information to ensure that you are kept informed about events and information from Bridgend Town Young Cricketers.

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

Name:

Age: School Year

Name of School / College:

Section 2 – Personal Details (Parent / Legal Guardian)

Name:

Address:

Postcode:

Home telephone number:

Work Telephone number:

Mobile:

Email:

Section 3 – Membership Fees and Subscriptions

1 st Annual Membership Fee	<input type="text" value="£20.00"/>	<input type="text" value="Cheque No."/>
2 nd Annual Membership Fee (Sibling)	<input type="text" value="£10.00"/>	
Training Session (Indoor & Outdoor)	<input type="text" value="£2.00"/>	

Please make cheques payable to: Bridgend Town Young Cricketers (BTYC)

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Section 4 – 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

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other (please specify):

Section 5 - Sporting Information

Have you played Cricket before?

 Yes No

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

Primary school

Secondary school

Special Education Needs School

Local authority coaching session(s)

Club

County

Other (please specify)

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Section 6 – 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 7 – 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:

Relationship this person has with the young person:

E.g. Aunt, neighbour etc...

Address:

Postcode:

Home telephone number:

Work Telephone number:

Mobile:

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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 Bridgend Town Young Cricketers.

I understand that I will be kept informed of activities organised by Bridgend Town Young Cricketers – 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 alterative 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: