

MELTON ACHILLES YOUTH CC (MAYCC) JUNIOR MEMBERSHIP FORM 2020

This form is designed to be completed by the parent, or legal guardian, of any player under the age of 18. Please return to relevant Team Manager at first training session.

SECTION 1: PERSONAL DETAILS OF YOUNG PLAYER

Name	Age / Date of birth	School Name / Year
Home address	Post code	

SECTION 2: PERSONAL DETAILS FOR PARENT / LEGAL GUARDIANS OF YOUNG PLAYER

Name	Home address (if different)	Post code (if different)
Email address:		
Home / daytime telephone number for parent / legal guardian:		
Mobile telephone number for parent / legal guardian:		

SECTION 3: EMERGENCY CONTACT DETAILS

Can we use the above details as a contact in an emergency? If not please provide the contact details of an alternative adult below.

As the person completing this form, you must ensure each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

Name of an alternative adult who can be contacted in an emergency	Phone number for alternative named adult	Relationship which this person has to the child (e.g. aunt, neighbour, family friend etc.)
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SECTION 4: MEDICAL INFORMATION

Please detail below any important medical information that our coaches/coach support workers/team managers need to know and which would be affected by your child'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 my medical details being shared with coaches/leaders for the purposes of the delivery of safe participation in the cricket club activity. Not providing consent will not affect your child's membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.

SECTION 5: PARENT / LEGAL GUARDIAN PARTICIPATION AGREEMENT :

I agree to the child named above taking part in the activities of MAYCC.

I consent that in an emergency situation the club may act in my place (in loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me as the relevant parent/legal guardian, or the alternative adult named in section 3 of this form. I confirm that to the best of my knowledge, this child does not suffer from any medical condition other than those detailed above.

I confirm I have read, or have been made aware of, the club's Code of Conduct for Members and Guests, and agree to abide by it.

SECTION 6: CLUB PHOTOGRAPHY / VIDEO CONSENT

I consent to the club photographing or videoing the above-named young player's involvement in cricket and used in club publicity.

If you do not wish to give consent for this, please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your child's membership of the club.

SECTION 7: PRIVACY STATEMENT

MAYCC 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 accompanying full Privacy Notice carefully to see how the Club will treat the personal information that you provide to us.

PARENT/GUARDIAN AGREEMENT

By returning this completed form, I confirm that I have legal responsibility of the child named above and that I have read and understood the permission statements on this membership form and the accompanying Privacy Notice.

Date :

Signature:

**PAYMENT DETAILS FOR SUBS: Online Banking: Sort Code: 209807 | A/C: 43822974 |
Cheques to "Melton Achilles Youth Cricket Club" (do not abbreviate please!)**