



Junior Membership Form

Welcome to Horsmonden Cricket Club. To ensure we have the correct contact details for you, please fill out this Membership Form and return it to *Horsmonden CC, c/o Glen Christian, Brandfold Barn Cottage, North Road, Goudhurst, Kent TN17 1JJ*

We will also use this information to ensure that you are kept informed about events and information concerning Horsmonden Cricket Club.

Under 18s need parent / carer or legal guardian to sign the Membership Form.

Section 1 – Personal Details *(To be completed by the child applying for Junior Membership)*

Name:	
Age / DoB:	
Address:	
School / College:	

Section 2 - Sporting Information

Have you played Cricket before? Yes No

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

<input type="checkbox"/> Primary school	<input type="checkbox"/> Secondary School
<input type="checkbox"/> Special Educational Needs School	<input type="checkbox"/> Local authority coaching session(s)
<input type="checkbox"/> Club	<input type="checkbox"/> County
<input type="checkbox"/> Other (please specify)	

Section 3 – Contact Details of Parent / Carer / Legal Guardian

(To be completed by the parent / carer / legal guardian)

Name:	
Relationship to child:	<i>(eg. parent / carer / legal guardian)</i>
Address:	
Daytime telephone:	
Evening telephone:	
E-mail:	

Section 4 – Information about any Impairment

Please provide information about any impairment your child may have so that we can determine what reasonable adjustments may be required to support your child’s full participation in club activities.

Do you consider your child / the child in your care to have an impairment? yes / no

If yes, what is the nature of the impairment?

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Learning difficulty	<input type="checkbox"/> Multiple impairments	
<input type="checkbox"/> Other (please specify):		

If you have ticked yes in any box above please provide us with any additional information that will assist us to ensure your child is fully supported whilst at the club...

Section 5 – Medical Information

Name of Doctor / Surgery:	
Doctor / Surgery telephone number:	
<i>Detail any important medical information that we should be aware of (eg. epilepsy, asthma, diabetes etc.)</i>	

Medical consent:

- I give my 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 in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me as the relevant parent / carer / guardian, or the alternative adult I have named in section 6 of this form.
- I confirm that to the best of my knowledge, my child / the child in my care does not suffer from any medical condition other than those detailed above.

Section 6 – Emergency Contact Details (Alternative Contact)

In the event of an incident or emergency situation, where a parent, carer 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 to child: (<i>eg. parent / carer / legal guardian</i>)	
Address:	
Daytime telephone:	
Evening telephone:	
E-mail:	

Section 7 - 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 does not entitle the parent(s) / carer(s) / guardian(s) to any 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 8 – 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.

(To be completed by the parent / carer / legal guardian)

By returning this completed Membership Form, I agree to my child / the child in my care taking part in the activities of Horsmonden Cricket Club.

I understand that I will be kept informed of activities at Horsmonden Cricket Club – 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 alternative contact, and to deal with that injury/illness appropriately.

Name of parent/carer/legal guardian:	
Signed:	
Date:	

For Official Use:

Membership:	U7/U9 £30 / U11 £35 / U13 £40 / U15 £45
Pre-Season Nets:	£20 or £5 / session
Other:	