**BILTON CRICKET CLUB**

**JUNIOR CRICKETER REGISTRATION 2021**

**PLEASE PRINT**

|  |  |
| --- | --- |
| Name  | Membership No |
| Child Date of Birth |  | Child Age |  |
| Gender (please tick) | Male |  | Female |  |
| **DISABILITY** |
| The Equality Act 2010 defines a disabled person as anyone with ‘a physical or mental impairment which has a substantial and long-term negative effect on his or her ability to carry out normal daily activities’. |
| Do you consider your child to haveA disability? (please tick) | Yes | No |
| If yes, what is the nature of the Disability? (please tick) |  |
| Visual impairment |  |
| Hearing impairment |  |
| Physical disability |  |
| Learning disability |  |
| Multiple disability |  |
| Other (please specify |  |
| **SPORTING INFORMATION** |
| Has your child played cricket before? | Yes | No |
| If yes please indicate where they have played below. |
| Primary School (please name school) |  |
| Secondary School (please name school ) |  |
| Local authority coaching session (s) |  |
| Club |  |
| County |  |
| Other (please specify) |  |
| **MEDICAL INFORMATION** |
| Please detail below any important medical information that our coaches/Junior coordinator should be aware of (e.g. epilepsy, asthma,diabetes, etc.) |
|  |
| **EMERGENCY CONTACT DETAILS** |
| To be completed by parent/carerPlease insert the information below to indicate the person(s) who should be contacted in case of an incident/accident. |
| Contact name (e.g. parent/carer) |  |
| Emergency contact telephone number. |  |
|  **VIDEO CONSENT** |
| During your child’s training we may want to video record their batting, bowling or fielding activities to use as a training aid to improve their skills. To enable us to do this we need written consent that this is acceptable therefore please read and sign the following statement. |
| I am aware that the club may video record my son/daughter/child in my care to enhance his/her skills and give my consent to allow the club to do so. |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| **PARENT/CARER DECLARATION** |
| By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of Bilton Cricket Club.I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately. |
| Name of parent/carer |  |
| Signature of parent/carer |  |
| Date |  |

Information on this form will be held securely by the club and only be available to junior coaches and club officers.