**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 have  A 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/carer  Please 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.