



Annual Junior Membership and Registration - 2018 Season

The information contained in this form is required to make the applicant a junior member of the cricket club once the appropriate fee has been paid and to ensure that the Club can protect their health and welfare when in our care. It also provides parents/guardians with information on the Club's policies and procedures. Please complete the sections below in BLOCK CAPITALS and return to Jason Davies, Membership Secretary as detailed below.

JUNIOR APPLICANT'S NAME: _____ **Date of Birth:** _____

ADDRESS & POSTCODE: _____

HOME PHONE NUMBER: _____ **MOBILE:** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NO (other than above): _____

SCHOOL ATTENDED BY APPLICANT: _____ **SCHOOL YEAR:** _____

Please read and confirm the following points:

- I agree to my child taking part in the junior activities of the Club
- My child will comply with the Junior Code of Conduct and uphold the Laws of Cricket (please see www.wctcc.org.uk/clubdocs)
- I will comply with the Code of Conduct for Parents/Carers (please see www.wctcc.org.uk/clubdocs)
- A family member will be present at practice sessions and matches or I will appoint a representative to act on my behalf and I will let the age group manager know who this person is.
- I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me or my specified emergency contact. If this is not possible I consent to a club representative dealing with injury/illness appropriately, including medical treatment if advised by a qualified practitioner
- The medical information provided overleaf is accurate and I will immediately make the Club aware of any change to this information
- My child will wear a helmet when instructed to do so by the Club
- I am aware that, should my child play for a senior team, they may have to share changing facilities with adults
- If I bring any children to training sessions or matches, in addition to the child who is taking part in cricket activities, I will be responsible for supervising these additional children and keeping them safe
- I consent to the use of photography and video analysis as part of a legitimate coaching aid and for club promotion
- I confirm that I understand and will comply with the Club's policy on transportation and collection

Our Club completely relies on the willingness of parents and supporters to volunteer to help in a variety of roles, so please indicate your support in at least one of the following areas:

- | | | |
|--|---|--|
| Helping with junior coaching sessions <input type="checkbox"/> | Helping in the club kitchen or bar <input type="checkbox"/> | Helping on match days <input type="checkbox"/> |
| Obtaining coaching qualifications <input type="checkbox"/> | Helping with grounds maintenance <input type="checkbox"/> | Helping in a committee role <input type="checkbox"/> |

PARENT/GUARDIAN NAME: _____ **SIGNATURE:** _____

- ANNUAL REGISTRATION FEE: Junior playing member born between 1/9/2009– 31/8/2013 - £40**
- Junior playing member born between 1/9/2001– 31/8/2009 - £60**
- Younger sibling of a junior playing member - £30**

To pay by cheque or cash: You can either attend our registration evening at the club (RH20 2PZ) on 23rd March between 5.30pm and 8pm or send your completed form and payment to Jason Davies, Membership Secretary, Barton Place, The Street, Nutbourne, West Sussex, RH20 2HE or post it into the membership letterbox in the pavilion kitchen. Please make cheques payable to 'West Chiltington and Thakeham CC'.

To credit the club online: Please note sort code is 30-99-93 and account number is 02957098. Please put your name as the reference and let us know you've done this when you e-mail or post this form to Jason Davies, Membership Secretary (membership@wctcc.org.uk).....PTO

Medical Information

For safety purposes, we need to record information on any disability and the medical history of the child.

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".

Please tick the appropriate response in the box provided.

Does your child have a disability? Yes No If yes, give more details of the disability below?

Visual impairment Hearing impairment Physical disability

Learning disability Multiple disability Other (please specify below)

Does your child experience any conditions requiring medical treatment and/or medication?
Yes (please provide details below) No

Does your child have any allergies? Yes (please provide details below) No

Does your child have any dietary requirements? Yes (please provide details below) No

Please provide any further information you feel is necessary:

