



Pucklechurch Cricket Club

Player Profile & Consent Form (for players under the age of 18)

- This form is designed to be completed by the Parent or Legal Guardian of any player under the age of 18. It should also be signed by the player themselves
- Once completed, the form should be returned to **GAIL BOYLE (PCC Welfare Officer) with your fee**

Data protection. The Club will use the information provided on this form (together with other information it obtains about the player) (together “**Information**”) to administer his/ her cricketing activity at the Club and in any activities in which he 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.

Section 1 Personal details for young player and their Parent / Legal Guardian

Name of Child (under 18)	Child’s Date of Birth	Name of Parent or Legal Guardian
Home address	Postcode	Email address
Home telephone number	Work telephone number for parent / guardian	Mobile telephone number for parent / guardian

Current School Attended

Section 2 Emergency contact details

In the event of an incident or emergency situation, where a parent 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 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 3 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”.

Do you consider this child to have a disability?

Yes

No

If yes, what is the nature of their disability?

Visual impairment

Learning disability

Hearing impairment

Multiple disability

Physical disability

Other (please specify):

Section 4 Sporting information

Has this child played Cricket before?

Yes

No

If yes, where has this been played?

Primary school

Club

Secondary school

County

Local authority coaching session(s)

Other (please specify):

Section 5 Medical information

Please detail below any important medical information that our Coaches need to know (e.g. allergies, medical conditions, current medication, special dietary requirements, injuries, etc...)

Name of Doctor / Surgery Name

Doctor's Telephone number

Consent Statement from Parent / Legal Guardian

Please tick each box where you agree (or delete if you do not agree)

Legal authority to provide consent:

- I confirm that I have legal responsibility for and am entitled to give this consent
- I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the club of any changes to this information

Consent to participate:

- I agree to the child named above taking part in the activities of the club
- I also confirm I have been given comprehensive details of the home and away fixtures in which my child may participate

Medical consent:

- I give my consent that in an emergency situation, the Club may act 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 that all reasonable steps will be taken to contact me or the alternative adult which I have named in section 2 of this form.
- I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me in section six of this form.

Club Policies

I confirm I have read, or been made aware of, the club's policies concerning

- | | | |
|---|--|--|
| <input type="checkbox"/> managing children away from the club | <input type="checkbox"/> children playing in adult matches | <input type="checkbox"/> Anti bullying and the code of conduct |
| <input type="checkbox"/> changing / showering | <input type="checkbox"/> missing children | |
| <input type="checkbox"/> transport | <input type="checkbox"/> photography / video | |

All policies will be made available for viewing during the Club's signing-on day (25th April 2010)They are also available on request via e-mail (make sure you have supplied an address) - tick if required

I understand and agree to the responsibilities which my child and I have in connection with these policies.

- I consent to the Club photographing or videoing my child's involvement in cricket under the terms and conditions in the Club photography / video policy. [NOTE: THIS BOX SHOULD BE LEFT UNTICKED IF YOU DO NOT AGREE]

Signed
(Parent / Legal Guardian)

Date of signing

Printed name of Parent / Legal Guardian
who has completed this form**Consent From Child In Connection With Club Photography / Video Policy**

(For players aged 12 – 18) Please indicate if you DO or DO NOT agree with the statement below:

- I consent to the Club photographing or videoing my child's involvement in cricket under the terms and conditions in the Club photography / video policy. [NOTE: THIS BOX SHOULD BE LEFT UNTICKED IF YOU DO NOT AGREE]

Signed
(Child if 12 years or older)

Date of signing