

## Junior Membership Form 2021

Dear Parent

We are very pleased to welcome you to Hambleton Cricket Club. Details of matches, training nights, administrative arrangements and areas where you can help us are all in the attached letter and on the website [www.hambleton.cc](http://www.hambleton.cc)

To ensure we have the correct contact details for you and your son or daughter, please fill out this Membership Form and return it to:

**Liz Moger** (Membership Secretary)  
Rosemead Cottage, Vicarage Lane, Hambleton, PO7 4RP  
[mogermole@btinternet.com](mailto:mogermole@btinternet.com)

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

The club is run by volunteers in all areas and will only thrive if everyone helps. Please indicate where you could assist the club.

I would like to assist Hambleton Cricket Club in the following areas (*please circle your answers*):

- Being a cricket coach for a colts team – Yes / No
- Helping administer a colts cricket team – Yes / No
- Helping with the ground work at Ridge Meadow, our home – Yes / No
- Helping the Committee in running the club – Yes / No

### Section 1 – Membership fees

**Annual Colt Membership** U7s - £50.00 per member

**Annual Colt Membership** U9 to U15 - £95.00 per member (with a reduction to £65 for second/third/etc child from the same family)

**Annual Student membership** U16 to U21 - £90 per member (with a reduction to £60 for 2 or more members of the same family in either the adults or colts sections)

Membership fees include all training and match fees.

**Membership Fees are payable by Saturday 1 May 2021**

## Social Membership

The Colts membership fee includes a fee of £10 per colt to give social membership of the club to the colt and their family. This entitles use of the clubhouse and its facilities at matches and training sessions. The funds help secure the Club's future development and enable us to improve both the facilities at Ridge Meadow and the opportunities available to our Colts.

We also encourage the whole family to participate in the various social events that will be organised during the 2021 Season – COVID allowing.

## Payment

- BACS (TSB Lloyds)  
Sort Code: 30-99-20  
Account Number: 00171487

Please use the name of your child(ren) and age group on the BACS reference (e.g. Joe Bloggs U9 or Jenny and John Smith U9 and 11).

## Section 2 – Personal Details

Personal details for young player and their parent/legal guardian:

Name of child (under 18)		Child's date of birth	
Name(s) of parent or legal guardian		Email address for parent/guardian	
Home address and postcode			
Home phone	Work phone for parent/guardian	Mobile phone for parent/guardian	
Name of school/college	Age group - Under 7/9/11/13/15	School Year	

### Section 3 – 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 their 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.)

### Section 4 – 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 an impairment?	Yes	No
If yes, what is the nature of their disability?	<b>PLEASE CIRCLE THOSE RELEVANT</b>	
Visual impairment	Hearing impairment	Learning disability
Physical disability	Multiple disability	
Other (please specify):		

### Section 5 – Medical Information

Please detail below any important medical information that our coaches/junior co-ordinator need to know such as: allergies; medical conditions (for example - epilepsy, asthma, and so on); current medication; special dietary requirements and/or any injuries.
Name of doctor/surgery name:
Doctor’s telephone number :

## Section 6 – Data Protection

The club will use the information provided on this form, as well as any other information it obtains about the player, to administer their cricketing activity at the club, and in any activities in which they participate through the club, and to care for, and supervise, activities in which they are involved. In some cases this may require the club to disclose the information to County Boards, leagues and to the ECB. In the event of a medical or child safeguarding 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.

## Section 7 – Consent statements

<b>Consent statement from parent/legal guardian</b>									
<b>Legal authority to provide consent:</b> I confirm I have legal responsibility for _____ <i>(name of child)</i> and am entitled to give this consent.  I confirm to the best of my knowledge, all information provided on this form is accurate, and I will undertake to advise the club of any changes to this information.									
<b>Medical consent:</b> I give my consent that in an emergency situation, the club may act in my place (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 or the alternative adult which I have named in section two of this form.  I confirm to the best of my knowledge, my child/the child in my care does not suffer from any medical condition other than those detailed by me in section five of this form									
<b>Consent to participate:</b> I agree to the child named above taking part in the activities of the club including open age and adult cricket if selected.  I confirm I have read (on the web site), or been made aware of, the club’s policies concerning: <table border="0" data-bbox="188 1438 1382 1639"><tr><td>Changing/showering</td><td>Missing children</td></tr><tr><td>Transport</td><td>Children playing in adult matches</td></tr><tr><td>Photography/video</td><td>Anti-bullying and the code of conduct</td></tr><tr><td>Managing children away from the club</td><td>E-safety communication</td></tr></table>		Changing/showering	Missing children	Transport	Children playing in adult matches	Photography/video	Anti-bullying and the code of conduct	Managing children away from the club	E-safety communication
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I understand and agree to the responsibilities which I and my child have in connection with these policies.  I confirm that I have read, or been made aware of, and will observe the Code of Conduct for all members and guests, which is on the website. My child will observe the Young person’s code of conduct, which is also on the website.									
<b>Signed (parent/legal guardian):</b> <i>(Print name if sending in form by email)</i>	<b>Date of signing:</b>								

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.

**Signed (parent/legal guardian):**

*(Print name if sending in form by email)*

**Date of signing:**

**Printed name of parent/legal guardian who has completed this form:**

*If this form is filled in electronically and emailed to Hambledon Cricket Club, that action means the parent formally gives their consent at para 7 of this membership form for legal authority, medical consent, participation and following the codes of conduct for adults and young people.*