



TOFT CRICKET CLUB



ANNUAL APPLICATION FOR JUNIOR MEMBERSHIP - 2011

The Club is committed to retaining its Clubmark Status and has a Safeguarding Policy Statement which is adopted within its constitution and displayed on the club noticeboard.

This application form is being used to ensure that relevant areas of the policy are being addressed – after completion please return pages 1&2 to the membership secretary with appropriate subscription fees.

CHILDS NAME

DOB

SCHOOL YR

PARENTS/GUARDIANS NAME

ADDRESS

POST CODE

E-MAIL ADDRESS

(BLOCK CAPITALS PLEASE – Used to keep parents informed
i.e. Receipt of Junior newsletters)

HOME TEL NO.

OTHER NO (Mobile)

EMERGENCY NAME

RELATION TO CHILD

EMERGENCY TEL NO Home or Mob

By returning this completed form and ticking the boxes

- I agree to my son/daughter/child in my care, taking part in the activities of the club.
- I confirm that I will support my child to follow the Junior Code of Conduct
- I confirm that I have read the Members/ Parents/ Guests code of conduct.
- I give consent to the use of photography by a club official who has been CRB checked or local media photographer for the purposes of celebrating cricket success and /or promoting the club’s activities. This will normally be a group photo. I understand my specific consent will be requested where the photo identifies my child by name and or is an individual photo.
- I understand that I will be kept informed of cricket activities at the club – for example coaching, practices, matches & social events. when my child is involved. However it is my responsibility to make arrangements for my child to travel to and from activities.
- 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.
- I am aware that should my child play for a senior team he/she may have to share changing and showering facilities but will not be made to do so at the same time as adults. We will discuss this situation.
- I am aware that I may be asked, and am prepared, to support my son/daughter/child in my care by assisting other club members in any capacity on at least one occasion during the junior season, be it weekends or at junior matches.
- I will inform the membership secretary if any of the contact or medical details change.

I enclose cheque/cash £ as payment. Subscriptions - £60 per annum (additional family members £40 each)

Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	

We need to record information on disability and the club would be grateful if you could complete the next section

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’. Does your child have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the nature of the disability?	
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Multiple disability	<input type="checkbox"/> Other (please specify)

MEDICAL INFORMATION

1. Does your child experience any conditions requiring medical treatment and/or medication?

Yes No

If yes, give details

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2. Does your child have any allergies?

Yes No

If yes, please give details

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3. Does your child have any specific dietary requirements?

Yes No

If yes, please give details

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4. Please provide any further information you feel is necessary

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- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary

ONLY COMPLETE THIS SECTION TO INDICATE YOUR PREFERENCE IN BECOMING A TOFT VOLUNTEER (Support only required for minimum of one week throughout the 15 week junior season)

I would like to volunteer to

- | | | |
|--|------------------------------|-----------------------------|
| 1. Coach / Coach Assistant / Manage / Score / Umpire (Delete as necessary) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. for Bar-B-Q rota duties | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. for Toft Junior social and Fun Day Sun | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. for Natwest Cricket Force mornings, Dates to be advised | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	