 **LOUGHTON CRICKET CLUB **

**JUNIOR MEMBERSHIP FORM 2018**

**Chairman:** Cliff Greenhill **Secretary:** Michael Bridges **Treasurer:** Martin Sorrell

The Uplands, High Road, Loughton Essex IG10 1NQ Tel: 020 8508 2489

**www. loughtoncc.hitscricket.com (Established 1879)**

**Welcome to Loughton Cricket Club. This junior membership form should be completed by the parent or legal guardian of any player under the age of 18. Please complete this form and return it to a club coach, team manager or Welfare Officer. It will then be passed on to the club’s Child Welfare Officer for secure keeping in line with our data protection guidelines outlined below. Junior Membership Form**

 **(LCC Colts Coordinator) – C/O Cliff Greenhill, 99 The Lindens, Loughton, Essex IG10 3HT**. Membership renewals will be processed ahead of new registrations up until the 23rd April, so please return as soon as possible.For new members – Please confirm with **Ben Notley-Griffiths** (ben@notleygriffiths.com) or the Age Group Manager that space is available before you pay and complete your registration form.

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| **Data protection** **We are committed to meeting new European legislation regarding data protection enshrined in the General Data Protection Regulation (GDPR). This means we will maintain the appropriate confidentiality, integrity and security of personal data that we process by complying with both our legal and ethical obligations in respect of data protection and privacy.** The Club will use the information provided on this form (together with other information it obtains about the player) (together ‘**Information**’) to administer the player’s cricketing activity at the Club and in any activities in which he/she participates through the Club; to care for and supervise activities in which he/she is involved; and to keep you informed about club events. 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.** |

**Our club**

Since its foundation in 1879, our club has been built on key principles:

1. We are a club of members, not just players. Members are expected to contribute to the overall well-being of the club both on and off the pitch.

2. All members – adult and junior – pay an annual subscription and match fees to help meet the club’s year-round running costs. Non-playing parents/carers of juniors are granted associate membership of the club free of charge which confers all benefits of membership except voting rights.

**Junior membership 2018:**

**Boys £50 Additional sibling £25 Any Additional siblings are free**

**Girls £30 Additional sibling £15 Any Additional siblings are free**

**Junior Match fees are:**

**U16 Matchplay      £5  (Tea included in fee)**

**U12 Brian Taylor   £5  (Tea included in fee)**

**All other fixtures    £3**

**Age is based on the individual’s age at 31st August 2017**

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| **Section 1 Personal details for young player and their Parent/Legal Guardian** |
| Name of Child (under 18)  | Child’s Date of Birth | Child’s School and School Year |
| Name of parent/legal guardian | Home address | Email address |
| Daytime telephone number for parent/guardian | Evening telephone number for parent/guardian | Mobile telephone numberfor parent/guardian |

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| **Section 2 Emergency contact details** |
| In the event of an incident or emergency 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 alternativenamed adult | Relationship which this personhas to the child (e.g. aunt,neighbour, family friend etc.) |
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| Ntr1303**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 [ ]  Hearing impairment [ ]  Physical disability | [ ]  Learning disability[ ]  Multiple disability | [ ]  Other (please specify):      |

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| **Section 4 Sporting information** |
| Has this child played cricket before? [ ]  Yes [ ]  No |
| If yes, where has this been played? |
| [ ]  Primary school [ ]  Secondary school [ ]  Local authority coaching session(s) | [ ]  Club [ ]  County | [ ]  Other (please specify):      |

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| **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) |
| Name of doctor/surgery name |
| Doctor’s telephone number |

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|  **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 (name of child) 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. |
| **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, all reasonable steps will be taken to contact me or the alternative adult 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 5 of this form.[ ]  I confirm I have read, or been made aware of, the following Club policies which are published in the annual membership booklet and posted in the clubhouse: |
| [ ]  changing/showering [ ]  transport[ ]  photography, filming and social media Ntr1303[ ]  managing children away from the club | [ ]  missing children[ ]  children playing in adult matches[ ]  anti-bullying and code of conduct |
| [ ]  I understand and agree to the responsibilities which I and my child 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, filming and social media broadcast policy. [NOTE: THIS BOX SHOULD BE LEFT UNTICKED IF YOU DO NOT AGREE][ ]  I confirm I have been given full information about the cricket activities in which my child may participate. |
| Signed (Parent/Legal Guardian):  | Date: |
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| 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 involvement in cricket under the terms and conditions in the Club photography, filming and social media broadcast policy.  [NOTE: THIS BOX SHOULD BE LEFT UNTICKED IF YOU DO NOT AGREE] |
| Signed (by Child if 12 years or older):  | Date: |

To sign up, please complete this form, complete your payment and send to: (**any electronic Payments that cannot be clearly identified will be forfeit**)

(LCC Colts Coordinator) / C/O Cliff Greenhill

**99 The Lindens**

**Loughton, Essex IG10 3HT**

cliff.greenhill@btinternet.com **/** ben@notleygriffiths.com

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| If there are circumstances that make paying this amount difficult then please contact the Colts Coordinator to discuss arrangements to pay. There are three methods of payment: |
| **Cash:** Must be paid in person (Please don’t send cash via post) | **Cheque:** Made payable to **Loughton Cricket Club** |
| **HSBC PLC:** | (By electronic bank transfer to the following Account:) **(HSBC Loughton Branch)** (**any electronic Payments that cannot be clearly identified will be forfeit**) |
| **A/C Name:** | **Loughton Cricket Club** | **Sort Code:** | **40-30-25** | **A/C No:** | **70545279** |
| Please put the reference LCC age group and your surname and include here: |
| **Date Paid:** |  | **Reference:** |  |

