

**WHCC JUNIOR CLUB MEMBERSHIP FORM**

**Confidentiality:**

**Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child whilst engaged with Winchmore Hill Cricket.**

Name of child/young person:			
Address:			
Date of Birth:			
Gender:			
Ethnicity:			
School:			
Name of parent / carer:			
Day time Tel No parent/carer:		Mobile Tel No Parent / carer:	
Email address parent/carer:			
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Please confirm if there any activities that your child can not participate in?	Please give details:		
Medical information:			
Any specific medical conditions requiring medical treatment?	Yes: Please give details:		No:
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?	Yes - Please give details:		No:
Any allergies?	Yes - Please give details:		No:

Details of any dietary requirements?	Yes - Please give details:	No:
<p>I give my consent that if an emergency medical situation arises, Winchmore Hill Cricket may act as loco parentis. If the need arises for administration of 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 circumstances that all reasonable steps are made.</p>		
<p>I confirm that I have read, or been made aware of, the organisation's policies concerning:</p> <p>Safeguarding  Codes for conduct for parents, coaches / managers, &amp; young people  Transport policy  Changing room policy  Photography, imagery, videoing, texting and use of social media policies</p>		
<p>I can confirm that my child is aware of Winchmore Hill Cricket's code of conduct for young people and anti-bullying policy.</p>		
<p>I understand that my child must wear a suitable helmet when batting, standing up to the stumps when keeping wicket or fielding in certain positions, along with other required safety protection relevant to the role. We would recommend you visit <a href="https://www.ecb.co.uk/news/79227">https://www.ecb.co.uk/news/79227</a></p>		
Signature of parent / carer:		
Print name parent / carer:		
Date:		