



## MCLTC Youth Members Registration Form 2015

Data Protection: The club will use this information to administer your child's cricketing and tennis activity at the club and in any activities in which he/she participates through the club, and to care for, and supervise, activities in which he/she is involved. In certain situations this may require the club to disclose the information to the Northern Cricket Union (NCU) or Cricket Ireland or to doctors or other medical specialists and/or to police or other statutory agencies.

### **Youth Details**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address (including postcode): \_\_\_\_\_

\_\_\_\_\_

Names of parent/carer/guardian: \_\_\_\_\_

Parent/carer/guardian home phone number: \_\_\_\_\_

Parent/carer/guardian mobile phone number: \_\_\_\_\_

Email address for parent/carer/guardian: \_\_\_\_\_

Do you consider your child to have a disability? Yes / No

(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.")

If yes, what is the nature of the disability?

\_\_\_\_\_

\_\_\_\_\_

### **Cricket Experience**

Has your child played cricket before? Yes/No

If yes, where e.g. Primary and/or Secondary School, cricket club, Local Authority coaching sessions, representative level?

\_\_\_\_\_

\_\_\_\_\_

## **Medical Information**

Please detail any important medical information our Club coaches must be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.)

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Name of Doctor/Surgery Name: \_\_\_\_\_

Doctor's telephone Number: \_\_\_\_\_

### **In the event of an emergency, incident or accident, who should be contacted?**

First Contact Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Second Contact Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

## **Subscription Costs & Signed Agreement**

- By returning this completed form I agree to my child/child in my care, taking part in the activities of the club.
- I confirm that I have legal responsibility for the named child and am entitled to give these consents.
- I confirm that I have been given a Muckamore Cricket & Lawn Tennis Club Youth Code of Conduct and Parents Code of Conduct and that I have read and explained the code to my child and we agree to abide by both codes.
- I understand that I will be kept informed of activities - for example timing, transport details. I understand that in the event of any injury or illness, all reasonable steps will be taken to contact the first and second contacts and if they cannot be contacted then all reasonable steps will be taken to deal with the injury or illness in an appropriate manner as assessed/directed by a qualified first-aider or medical practitioner.
- I will take responsibility for transporting my child to and from practice sessions.
- I have no objections to my child being photographed when practising or playing and give permission for any images to represent cricket or tennis.
- I enclose my subscription fee for the season. Please make cheques payable to: Muckamore Cricket & Lawn Tennis Club.

(1) Fees: Membership fee for 2015 is £25.00 Included: Yes / No

(2) Name of Parent/Carer/Guardian: \_\_\_\_\_

(3) Signature of Parent/Carer/Guardian: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

(4) Players Signature (if aged 12 & above): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_