



# Cobham Avorians Cricket Club

Founded 1928

## Academy Membership Form 2015

Welcome to Cobham Avorians Cricket Club. This Junior Membership Form should be completed by the parent or legal guardian of any player under the age of 18 and must also be signed by the player. Please complete this form and post to Rhona Barrow, Rothay, Englefield Road, Knaphill, Surrey GU21 2EB.

The Club will also use this information to ensure that you are kept informed about everything that is going on at the Club.

### Section 1 – Personal Details (Young People under the age of 18)

Name:

Date of Birth:

Name of School / College:

### Section 2 – Contact Details of Parent / Legal Guardian

Name:

Relationship to child:

Address:

Postcode:

Home Telephone Number\*:

Work Telephone Number\*:

Mobile Telephone Number\*:

Email\*:

\* Neither the mobile number nor the email should be that of the child – this could make children vulnerable and is considered poor practice. For a child/young person these details should be those of the parent/carer.

### Section 3 – Emergency Contact Details (Alternative Contact)

In the event of an incident or emergency situation, where a parent or legal guardian named above cannot be contacted, the Club will attempt to contact the alternative adult whose details are provided below. Please make this person aware that his or her details have been provided as a contact for the Club:

Name:	<input type="text"/>
Relationship to child:	<input type="text" value="(e.g. aunt, neighbour etc...)"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Home Telephone Number:	<input type="text"/>
Work Telephone Number:	<input type="text"/>
Mobile Telephone Number:	<input type="text"/>

### Section 4 – Membership fees

Please make cheques payable to **Cobham Avorians CC**  
(write "<your child's name>/2015 subs" on the back of the cheque).

Or bank transfer can be made to the following:

**Account Name: Cobham Avorians CC**

**Sort Code: 60-06-03, Account No: 34300538**

(for bank transfers add "<your child's name>/2015 subs" as a reference).

Please select the appropriate membership category from the list below.

First Child (Year 4 and above)	£110.00	
Sibling of current Academy Member (Year 4 and above)	£55.00	
Child Under 8 (School Year 3 and below)	£40.00	
Adult 1 Social Membership (please provide name) *	£10.00	
Adult 2 Social Membership (please provide name) *	£10.00	

\* The Club encourages parents/guardians to become Social Members. Membership cards (non-transferable) entitle the holder to discounted prices at the bar and for selected social events. Please provide names of Social Members above.

## Section 5 – Information about any impairment

Please provide information about any impairment your child may have so that we can determine what reasonable adjustments may be required to support your child's full participation in club activities.

Do you consider your child/the child in your care to have an impairment? Yes  No

If yes, what is the nature of your disability?

Visual impairment

Hearing impairment

Physical impairment

Learning impairment

Multiple impairments

Other (please specify):

**If you have ticked yes in any box above please provide us with any additional information that will assist us to ensure your child is fully supported whilst at the club.**

## Section 6 – Medical Information

Name of Doctor / Surgery:

Doctor / Surgery Telephone number:

Please detail below any important medical information that our coaches/welfare officers should be aware of (e.g. epilepsy, asthma, diabetes, current medication, injuries etc.)

**Medical consent:**

- I give my consent that in an emergency situation, the Club may act in my place (*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 whom I have named in section 3 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 above.

**Section 7 – Photographic Policy**

Cobham Avorians Cricket Club recognises the need to ensure the welfare and safety of all young people in cricket. The Club will follow the guidance issued by the England and Wales Cricket Board (ECB) on the use of images of young people. A copy of Cobham Avorians Cricket Club Photographic Policy is posted on the Club's noticeboard and also on the Club's website ([www.avorianscc.co.uk](http://www.avorianscc.co.uk)).

- I confirm that I have read Cobham Avorians Cricket Club's Photographic Policy
- PLEASE TICK THE BOX IF YOU WOULD LIKE YOUR CHILD NOT TO HAVE HIS/HER PHOTOGRAPH TAKEN BY THE CLUB**

## Section 8 – Data Protection

The Club will use the information provided on this membership form (together with other information it obtains about the player) to administer his/her cricketing 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 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.**

- By returning this completed Junior Membership Form, I agree to my child / the child in my care taking part in the activities of *Cobham Avorians Cricket Club*.
- I confirm that I have legal responsibility for the child named in section 1 above, and that I am entitled to give this consent.
- I confirm that to the best of my knowledge all information provided in this form is accurate and I will inform the club of any changes to this information in a timely manner.
- I confirm that I have received a copy of the club's Code of Conduct for Members and Guests and agree to abide by it.

Signed:

(Young Person)

Print:

(Young Person)

Date:

Signed:

(Parent / Legal Guardian)

Print:

(Parent / Legal Guardian)

Date: