

CUCKNEY CRICKET CLUB

Junior Cricket Membership Application Form

Why join?

Junior Cricket membership of Cuckney has a number of advantages

For you:

- Year-round cricket - competitive play and development coaching, indoor and out!
- A greater sense of belonging to the club
- Special discounts on sports clothing , kit and equipment
- Preference when junior teams are selected, i.e. the club would prefer to select members to play than non-members.

For the club:

- More junior members boost the club as a whole and is essential to our long term development
- More juniors becoming members in the medium and long-term planning of junior cricket coaching and development work, e.g. the training and appointment of Cricket Coaches , the creation of age-group cricket teams, etc.
- More junior members contribute, even in a small way. To the financial well-being of Cuckney CC.

What is the Cost?

Young people aged less than 16 on 30 September 2012 would pay £15 for a year's membership.

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How to apply?

Simply complete the section of this form and return the form to any of the Junior Cricket Coaches at a junior cricket coaching session or post it to the club along with your membership subscription. Alternatively pay online at www.cuckneycc.com. The postal address is: Cuckney Cricket Club, Langwith Rd, Cuckney, Mansfield, Notts. Please also complete the necessary medical and photographic consent forms below if you have not previously done so.

CUCKNEY CRICKET CLUB

Junior Registration Form 2012

Your First Name	
Your Second (Family) Name	
Your Address	
Your Post Code	
Your Home Telephone Number	
Your Mobile Telephone Number	
Your E:mail Address	
Your Date of Birth	
Your School	
Emergency Contact #1 Name	
Emergency contact #1's relationship to you. E.g. mother, father, aunt, uncle, friend	
Emergency contact #1's telephone number	
Emergency contact #2's telephone number	

CUCKNEY CRICKET CLUB

Medical Consent Form

Cuckney Cricket Club Medical Consent Form

Consent to medical treatment:

The following information and consent is requested to ensure the health and wellbeing of all children and vulnerable adult's participating in Cuckney CC's activities. The information contained in this form is confidential and will only be used to safeguard and promote the child/vulnerable adult's health and wellbeing should the need arise.

Name of child/vulnerable adult:

Date of Birth:

Name of GP:

GP Address:

GP Surgery Telephone:

Please provide details of any pre-existing medical conditions that may affect the child/vulnerable adult's participation in the activity/event programme:

Details of medication or treatment required:

Details of any existing injuries (include when injury occurred and treatment received):

Details of any allergies, including allergies to medication:

Parent/guardian/legal carer

I, [name of parent/guardian/legal carer] consent to

[name of child/vulnerable adult] receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I undertake to inform Cuckney CC should any of the information contained in this form changes.

Signature: By typing your surname here it will be accepted as your signature.

Name:

CUCKNEY CRICKET CLUB

Relationship to vulnerable child/adult:

Date:

Consent Form for the use of Photographs

Cuckney Cricket Club

Consent Form for the use of photographs, film or video recordings of children or vulnerable adults

Cuckney CC is committed to the protection of children and vulnerable adults involved in sport.

In accordance with its Child and Vulnerable Adults Protection Policy and procedures where possible we will not permit photographs, film or video or other images of children or other vulnerable adults to be taken or used without the consent of the child/vulnerable adult and their parent/guardian or carers.

Cuckney CC will take all reasonable measures to ensure these images are used solely for the purposes for which they are intended. If you become aware these images are being used inappropriately you should inform Cuckney CC's Child and Vulnerable Adult Officer immediately.

Cuckney CC reserve the right at all times to prohibit the use of photography, film or video at any activity with which it is associated.

Child/Vulnerable adult

I, [child/vulnerable adult] consent to photographing, filming or videoing my involvement in Cuckney CC activities.

Signature: By typing your surname here it will be accepted as your signature.

Name:

Date:

Parent/guardian/carer

I, [parent/guardian/carer] consent to Cuckney CC photographing, filming or videoing [child/vulnerable adults name] involvement in Cuckney CC activities.

Signature: By typing your surname here it will be accepted as your signature.

Name:

Relationship to child/vulnerable adult:

Date: