



# Winscomish Cricket Club

## Youth Player Membership Renewal Form

This is a RENEWAL form for EXISTING MEMBERS only. New members MUST complete the New Member Forms Pack. Please check this form carefully and tell us **ONLY IF SOMETHING HAS CHANGED FROM LAST SEASON**. If you are not sure please re-enter your details below and we will check and update as required. Please pay particular attention to Address Details, Emergency Contact Details and Medical Details. The Youth Member's school may have changed and their Year certainly will – it would be helpful to have this information. **It would help us to reduce our communications costs if you were able to provide at least one email address in the space below**

Membership charges for 2007 are as follows: One Family Member: £25; Two Family Members: £40; Three or More Family Members: £50

If none of the details below or overleaf have changed, please leave the form blank, sign the declaration at the bottom of the back page and return to the Club with payment

**IMPORTANT:** As well as completing this form we need your child to register (Free of Charge) as a player on the Club's Play Cricket Website - [Winscomishcc.play-cricket.com](http://Winscomishcc.play-cricket.com). This allows us to include them in NSYCL League Matches and the site is a useful source of news, fixture lists, forms, scores, results and everything else connected with the Club.

### Player's Details:

|                 |                    |                         |                        |
|-----------------|--------------------|-------------------------|------------------------|
| <b>Surname:</b> | <b>First Name:</b> | <b>Player's Mobile:</b> | <b>Player's Email:</b> |
|                 |                    | If Appropriate          | If Appropriate         |
| <b>Address:</b> |                    |                         |                        |
|                 |                    |                         | <b>Postcode:</b>       |
| <b>School:</b>  |                    |                         | <b>Year:</b>           |
|                 |                    |                         |                        |

### Parent / Guardian / Carer's / Emergency Contact Details: Please provide two names, if possible

|   |                 |                                      |
|---|-----------------|--------------------------------------|
| <b>Name: (Parent / Guardian / Carer)</b>                  |                 | <b>Relationship to Youth Player:</b> |
|   |                 |                                      |
| <b>Home Phone:</b>  | <b>Mobile :</b> | <b>Email Address:</b>                |
|   |                 |                                      |
| <b>Name: (Alternative or Preferred Emergency Contact)</b> |                 | <b>Relationship to Youth Player:</b> |
|   |                 |                                      |
| <b>Home Phone:</b>  | <b>Mobile :</b> | <b>Email Address:</b>                |
|   |                 |                                      |

### Medical Details: Please complete as fully as possible

|  |                 |                          |
|--|-----------------|--------------------------|
| <b>Doctor's Name:</b>                  | <b>Surgery:</b> | <b>Telephone Number:</b> |
|  |                 |                          |
| <b>Significant Medical Conditions:</b> |                 |                          |
| <b>Routine Medications Required:</b>   |                 |                          |
| <b>Allergies Suffered:</b>             |                 |                          |
| <b>Special Dietary Requirements:</b>   |                 |                          |
| <b>Any Additional Information:</b>     |                 |                          |

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 your child to have a disability? No  Yes  (If yes, please indicate below)

|                     |                          |                        |                          |                     |                          |                     |                          |
|---------------------|--------------------------|------------------------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|
| Visual Impairment   | <input type="checkbox"/> | Hearing Impairment     | <input type="checkbox"/> | Physical Impairment | <input type="checkbox"/> | Multiple Impairment | <input type="checkbox"/> |
| Learning Impairment | <input type="checkbox"/> | Other (Please Specify) | <input type="checkbox"/> |                     |                          |                     |                          |

**Permissions & Consents From Parents / Guardians / Carers:** *Please read & acknowledge as indicated*

**Data Storage Policy:** The data recorded on this form may subsequently be transferred into a database. This database is strictly for non-commercial use and is therefore not subject to the provisions of the Data Protection Act. However, the spirit of the Act will be followed; every possible care will be taken with in the storage and security of this data and it will not be made available to anyone other than appropriate persons for authorised Winscomish CC business.

**At no time will any data be sold to third parties or otherwise made available for commercial use**

|  |            |                          |           |                          |                  |
|--|------------|--------------------------|-----------|--------------------------|------------------|
| I have read & understood the Data Storage Policy statement     | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |
| I consent to the storage of my data as described in the Policy | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |

**Away Fixture Policy:** Winscomish CC adheres strictly to the ECB Welfare of Young People guidelines in relation to away fixtures; copies of the relevant parts of this document can be made available through your child's coach. Although Winscomish CC will take every possible precaution, the Club will be liable in the event of any accident ONLY if they have failed to take reasonable steps in their duty of care for your child during the away fixture.

**In initialling this form you agree to be at the pick up and drop off points at the agreed times.**

**If you wish to use your own vehicle to transport children other than your own to away fixtures, you must complete the 'Motor Vehicle Registration' form, available from your child's coach**

|  |            |                          |           |                          |                  |
|--|------------|--------------------------|-----------|--------------------------|------------------|
| I have read & understood the Away Fixture Policy statement           | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |
| I consent to my child taking part in away fixtures as per the Policy | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |

**Image & Photograph Policy:** Winscomish CC will not permit photographs, video images or other images of young players to be taken or used without the consent of parents / guardians / carers and, where appropriate, the young player. Where images are used, the Club will follow the guidance for the use of images of Young People, as detailed within the ECB Welfare of Young People Policy and take steps to ensure these images are used solely for the purposes they are intended, which is the promotion and celebration of the activities of the Club. Copies of the relevant parts of this document can be made available through your child's coach.

**If you become aware that these images are being used inappropriately, you should inform the Club Welfare Officer immediately. If at any time the Parent / Guardian / Carer or the young player wishes the images to be removed from the Club website or from other Club documentation, 7 days notice must be given to the Club Welfare Officer after which the image will be removed.**

|  |            |                          |           |                          |                  |
|--|------------|--------------------------|-----------|--------------------------|------------------|
| I have read & understood the Image & Photograph Policy statement | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |
| I consent to images of my child being used as stated above       | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |

**This section to be completed by Youth Players of 12 Years and older:** If you are 12 years of age or older it is your choice as to whether Winscomish CC can photograph or video your involvement with cricket.

**Any use of photography and video will be under the conditions set out above**

|  |            |                          |           |                          |                  |
|--|------------|--------------------------|-----------|--------------------------|------------------|
| I have read & understood the Image & Photograph Policy statement | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |
| I consent to my image being used as stated above                 | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |

**Accident & Injury Policy:** Cricket is a physical game and occasional accidents and injuries are inevitable. These are no more prevalent in cricket than in sports like football, and a good deal less common than in sports like rugby. For the most part, the nature of such injuries will be no more than bumps and bruises.

You can assist the club in taking the best possible care of your child by ensuring that the Medical Details section of this form is completed fully and accurately.

**In initialling below, you consent to your child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary to deal with the consequences of any accidents or injuries**

|   |            |                          |           |                          |                  |
|---|------------|--------------------------|-----------|--------------------------|------------------|
| I have read & understood the Accident & Injury Policy statement     | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |
| I consent to my child taking part in cricketing activities with WCC | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> | <b>Initials:</b> |

**Declaration:** *To be completed by both parent / guardian / carer and the young player*

I wish to renew my child's membership and have read and understood this form, including the Permissions & Consents above.

I have updated the form where our details, preferences, permissions or consents have changed, but unless otherwise indicated I can confirm that the details are as per those the Club holds on file.

We will continue to uphold the Club's Code of Conduct for Youth Players and the Code of Conduct for Parents & Spectators. *(Copies are available on request, if required)*

| <b>Parent / Guardian / Carer:</b> |                | <b>Young Player:</b> |                |
|-----------------------------------|----------------|----------------------|----------------|
| <b>Full Name:</b>                 |                | <b>Full Name:</b>    |                |
| <b>Signature:</b>                 |                | <b>Signature:</b>    |                |
| <b>Date:</b>                      | DD / MM / YYYY | <b>Date:</b>         | DD / MM / YYYY |