



## Spalding Town CC Registration Form 2017

### Member Details

Player Name	
Gender	
Address & Postcode	
Date of Birth	
Contact Numbers	Mobile:
	Home:
Parent / Guardian E-mail (s) (U18 only)	
email is the preferred form of communication, but we also use these alternatives. Please indicate which ones you have access to.	<input type="checkbox"/> Spalding Town Cricket (Community) Facebook Page
	<input type="checkbox"/> @SpaldingTownCC Twitter Feed
School (U18 only)	

### Emergency Contacts

Name	
Relationship	
Emergency contact number (s)	

Name	
Relationship	
Emergency contact number (s)	

## Medical Information

Please detail any medical information (e.g. Asthma, Diabetes, Epilepsy etc.) including any allergies	

Do you/ your child use regular medication or have an inhaler?	

Could this be required during training sessions or matches	<b>Yes / No</b>
If so, please let your Team Manager know where to find your medication.	

Do you/your child have..	
any eyesight problems?	<b>Yes / No</b>
any hearing problems?	<b>Yes / No</b>
any known allergies e.g. to medication, food, drink etc?	<b>Yes / No</b>
any other relevant problems e.g. back problems?	<b>Yes / No</b>
If Yes to any of the above, please give details, including any medication and any supplementary information which may assist the Club in training or matches and in the event of an incident:	
Please write on a separate sheet if necessary.	

## CONSENT FORM (Under 18s only)

Parent/Guardian should sign the following statements of consent before participating in matches or practice sessions.

### MEDICAL EMERGENCY CONSENT (U18 only)

In case of a medical emergency affecting your child a Team Manager, Coach or relevant Club representative will make every effort to contact a Parent or Carer. If this is not possible, do you agree that the Team Manager, Coach or relevant Club representative may act in loco Parentis with respect to emergency first aid treatment, including administering any prescribed medication defined above? **Yes / No**

I Parent/Guardian agree for the information provided in this membership registration form to be made available to the Team Manager, Coaches and relevant Club representative of Spalding Town Cricket Club, to enable them to ensure the welfare, health and safety of your child. I confirm the accuracy of the information and will notify the Club of any change. I am willing for the information to be held on the Academy database.

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

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### PHOTOGRAPHY & VIDEOING CONSENT (U18 only)

From time to time the Team Manager, Coach or Club may take photographs, or video, for either training, promotional or media purposes for Spalding Town Cricket Club only. Photographs may also go onto our website **[www.spaldingtowncricketclub.com](http://www.spaldingtowncricketclub.com)** . Please indicate below whether photographs or videos can be taken of your child.

I do / do not wish for my child to be photographed *(please delete accordingly)*

I do / do not wish for my child to be videoed *(please delete accordingly)*

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

**CONSENT TO PARTICIPATE (applies only to U13/U15 players who may be offered the chance to play senior cricket during the season)**

I am fully aware and accept all risks to the Child in playing Open Age Cricket for Spalding Town Cricket Club and accept full, sole and unconditional responsibility for the health and safety of your Child as a result of him/her playing in Open Age Cricket, including but limited to the risks to your Child of personal injury.

I, on behalf of the Child, hereby unconditionally waive, release and hold harmless the Club, the relevant league, the England & Wales Cricket Board (and all those parties' respective officers, representatives and employees) and the relevant match day umpires from and against any and all causes of action, claims or other liabilities of any nature which in any way result from your Child playing Open Age Cricket for the Club.

Nothing herein is intended to limit liability for death or personal injury resulting from negligence.

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

*The ECB strongly recommend that a parent, guardian or other identified responsible adult is present whenever a player in the Under 13 age group (Year 8) plays in open age senior adult cricket.*

By signing this form: -

I agree to my child taking part in the activities of the Club

I understand that injury or illness will be dealt with appropriately and all reasonable steps will be taken to contact me.

I have read and will abide by the Club rules.

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

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The 2016 Academy Membership Fee (for under 18s) is £30

The 2016 Senior Membership Fee (waged) is £75.00 /unwaged and ladies £40

Only after payment of the fee will you/your child be considered for selection in matches as membership automatically includes entry to the Club Insurance.

Cheques should be made payable to **Spalding Cricket Club**.