

Durham Coast Cricket League.
Club Registration Form Junior Players - Season 200 -

We are pleased to welcome you to Cricket Club; the information requested below will be used to ensure you are kept informed of club events. The club has adopted and implemented, the ECB's Safe Hands Policy, [a copy of which is held by the Club Welfare Officer] and is fully committed to safeguarding and promoting the well being of all its junior members.

Personal Details please use **BLOCK CAPITALS.**

Name: **Gender.** M F

Parent /Guardian:

Address:

Post Code: **DoB:** **School & Year:**

Home Tel No: **Mobile No:**

Person to Contact in Emergency: **Contact No:**

Medical Information.

Please indicate any important medical condition that our Coaches / Team Mangers should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.)

By returning this completed form to the Junior Manager, and ticking the boxes I agree:

- I agree to my son/daughter in my care, taking part in the activities of the cricket club.
- I confirm that my child will comply with the junior rules of the cricket club.
- I also give my consent to my child being photographed, and/or videoed for the purposes of coaching, and the promotion / celebration of the club's / leagues activities.
- I understand that I will be kept informed of cricket activities at the club e.g. timing and transport details for away fixtures when my child is involved.
- I agree to my child being transported if required by a responsible adult acting on behalf of the cricket club.
- I am aware that should my child play for a senior team, he may have to share changing and/or showering facilities with adults.
- I confirm that my child must wear a helmet whilst batting, and wicket keeping.
- I agree to my child carrying out scoring duties in a scoreboard, alongside a CRB checked adult

Parent/Guardians name:

Players Name:

Signature.

Signature:

Date:

The Club Welfare Officer, with responsibility for junior members is:

Name:

Contact No.