



Langley Manor Cricket Club

founded 1897



Junior Membership Form 2019

Welcome to Langley Manor Cricket Club. This Junior Membership Form should be completed by the parent or legal guardian of any player under the age of 18

We will also use this information to ensure that you are kept informed about events and information concerning Langley Manor Cricket Club. **Please provide your email address if at all possible as this is our preferred method of communication.**

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 each person whose information you include in this form knows what will happen to their information and how it may be used.

Section 1: Personal Details of the child applying for Junior Membership

Name of child:

Date of Birth

Address:

Name of School /
College:

Section 2: Contact Details of Parent / Legal Guardian

| | |
|---------------------------|---|
| Name: | <input type="text"/> |
| Relationship to child: | <input type="text" value="(e.g. parent / legal guardian)"/> |
| Address: | <input type="text"/> |
| Daytime telephone number: | <input type="text"/> |
| Evening telephone number: | <input type="text"/> |
| E-mail address: | <input type="text"/> |

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, please provide details of an alternative adult who can be contacted by the club. 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, grandparent, neighbour etc."/> |
| Address: | <input type="text"/> |
| Daytime telephone number: | <input type="text"/> |
| Evening telephone number: | <input type="text"/> |

Section 4: Sporting information

Has your child played cricket before? Yes No

If yes, where has this been played? (Please tick one or more boxes if appropriate).

Primary school Secondary school Special educational needs school

Another cricket club New Forest Level County level Langley Manor

Other Please specify

Section 5: Information about any Impairment.

The Equality Act 2010 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect to carry out normal day-to-day activities'.

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 the disability?

Visual impairment Hearing impairment Physical disability

Learning disability Multiple disability 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

Please detail below, any important medical information that our youth coaches/youth team managers/junior co-ordinator need to know about your child. Such as allergies; medical condition (for example – epilepsy, asthma etc.); current medications; special dietary requirement, any additional needs, and/or injuries. Please indicate by ticking the box below if you would like to discuss this privately with your child's coach/manager

- I would like the opportunity to discuss my child's medical needs privately.

Medical details.

Name of doctor's surgery

Doctor's telephone number

Parent/legal guardian consent statement

Please tick each box where you agree (or delete if you do not agree)

Legal authority to provide consent:

- I confirm I have legal responsibility for (name of child)

and I am entitled to give this consent. (name of adult)

I confirm to the best of my knowledge, all information provided on this form is accurate, and I will undertake to advise the club of any changes to this information.

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 as the relevant parent / legal guardian, or the alternative adult I have named in section 3 of this form.
- I confirm that to the best of my knowledge, my child / the child in my care does not suffer from any medical condition other than those detailed in section six of this form.

Junior Membership 2019

**Please retain this page for your information
Please return the completed form with remittance details**

| | |
|--|---------------------------------------|
| Junior Membership | £40 |
| Family Membership (3 playing members) | please ask about our discounts |
| Associate Membership | £10 |

There will be a charge of £2 per player for junior training sessions, and a £3 match fee for Colts' League and Cup games.

Please pay your subscription before 30th June.

Payments can be made to the Club's Bank Account:
LLOYDS BANK, Sort Code 30-98-73, A/C 00122450 by

Bank Transfer

Direct Debit – 4 monthly payments of £10 each (Colts)

PayPal

or cheque made payable to Langley Manor CC.

Completed forms to be returned to Chris Rogers (chrisyorkies@gmail.com or via the post box in the Clubhouse), and advise method of payment

LMCC operates a non-discriminatory membership policy and as such, in cases of genuine hardship, please contact your Team Manager or the Club Secretary in confidence.

General Data Protection Regulation (GDPR)

Your personal data will be stored securely on the paper membership forms you complete and in an electronic version in the form of a spreadsheet. LMCC will only use this information for club and cricket purposes and will not pass it onto any third party unless this is a requirement of the ECB to enable registration of players/volunteers to play/support the club. We will only keep your data whilst you remain a member of the club and will destroy all your personal data if you leave. You can ask to see the personal data we hold for you at any time, and you can ask for the data to be removed if any information is being held unnecessarily. Please email secretary4lmcc@gmail.com to request either of these.