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# Chingford Cricket Club – Colts Membership Form 2022

Welcome to Chingford Cricket Club.

To ensure that the Club have the correct contact details for you and your child, please insert the information requested below and return this form to either Mark Campbell (the Club's Safeguarding Officer), Hassan Malik (Head Coach) or Ian Butcher (Colts Committee Member).

The Club will also use this information to keep you informed about matches, training and other Club events and news.

Please ensure you pay the required membership fees at: <https://membermojo.co.uk/chingford>

## Colt Member's Personal Details

Name:

Address:

Postcode:

Mobile Number (if applicable):

Home Tel (if applicable):

Email (if applicable):

Date of Birth:

Gender: Male

Female

Please indicate if the Colt Member is eligible for Free School Meals:  Yes  No

(If yes, the Club may be able to assist towards membership and training fees. Evidence will be required)

Name of School/College:



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### Parent/Legal Guardian/Carer Contact Details

(Please note that as part of your child joining as a Colts Member, Parents/Legal Guardians/Carers will also get free social membership to the Club)

Name:

Relationship to Colt Member:

Address:

Postcode:

Mobile Number:

Home Tel:

Email:

### Colt Member's Medical Information

Name of GP:

GP Telephone Number:

Please detail below any important medical information that our coaches/Colts Committee Member should be aware of (e.g. epilepsy, asthma, diabetes, etc.):

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 above.

Do you consider your child / the child in your care to have an impairment?  Yes  No.

If yes, please provide information about any impairment your child may have below, so that the Club can determine what reasonable adjustments may be required to support your child's full participation in Club activities. The Colts Committee Member will approach you separately for more detailed information and to discuss how the Club can help.



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## Emergency Contact Details

Please insert the information below to indicate an alternative person(s) who should be contacted in case of an incident/accident:

Contact Name:

Relationship to Colt Member (e.g. Grandparent/Friend):

Emergency Contact Number:

Please tick one of the following:

- My son/daughter has permission to return home on their own after practice/ matches.
- My son/daughter will be collected at the end of practice/matches by the following people

## Photographs and Videos

I give permission for my child to be in photographs or video recordings which may be used for news or publicity.

## Automatic Non - Voting Membership Status

Colts membership of the club also provides that the parent(s) / carer(s) / guardian(s) of the child are given non-voting membership (social membership) of the club as part of that membership. This does not entitle the parent(s) / carer(s) / guardian(s) to any additional privileges that would otherwise be gained by paying the appropriate adult membership fee(s). Any use of facilities (for example social / training / playing) may incur such charges as applicable to relevant adult membership.

## 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.



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**As the person completing this form, you must ensure that each person whose information you include in this form knows what will happen to their information and how it may be disclosed**

### **Declaration**

By returning and signing this completed form, I agree to my son/daughter/child in my care taking part in the activities of Chingford Cricket Club.

I have received a copy of the Colts Membership Information Pack and agree to abide by the Chingford Cricket Club Colts Members and Parents Code of Conduct (included within the Colts Membership Information Pack).

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately. 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 / carer / guardian, or the alternative adult I have named above

Name of Parent/Legal Guardian/Carer:

Signature:

Date:

