

# ROWLEDGE CRICKET CLUB

## Youth/Junior Membership/Consent Form 2010

**Section 1 Please complete an entry for EACH youth / child under 18 years old**

	Name	Date of birth	
Youth/child 1			M / F
Youth/child 2			M / F
Youth/child 3			M / F
Youth/child 4			M / F

Emergency contact details: tel nos / contact names - parent / guardian

**(Optional) If possible, a number of an alternative adult (state relationship)**

**Section 2 Consent statement from Parent / Legal guardian** **Please tick each box where you agree**

I confirm that I have legal responsibility for all the above the youths / children and am entitled to give consent

I confirm that to the best of my knowledge all information above is accurate

I agree that the youths / children listed above can take part in club activities, including home and away games

I confirm that I have read, or been made aware of, all the club's policies and guidelines and that I agree to them on behalf of myself and the youths / children above

**All Club Policies, Codes of Conduct and Guidelines can be found on the RCC Website  
www.rowledgecricketclub.com**

**Section 3 Medical information**

Please list below any important medical information that our coaches need to know and the youth's / child's name  
(Use reverse of form if further space required)

Medical Consent : I give my consent that in an emergency situation, the Club may act in loco parentis for the administration of emergency first aid, which in the opinion of a qualified medical practitioner may be necessary. The Club will take reasonable steps to contact the Parent or Guardian.  
Please supply doctor's name / tel number if possible

**Section 4 Disability**

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/ her ability to carry out normal day to day activities

Do you consider any youth / child listed above to have a disability? Please circle Yes / No Yes No

If yes, please list youth's / child's name and circle nature of disability

Visual impairment Physical disability

Hearing impairment Learning difficulties

Other

**Signed: Parent / Legal Guardian**

**Print Name**

**Date**

**Section 5 Consent from players of 12-18 years old in respect of Photography Policy**

I consent to the Club's photoing / videoing of my involvement in cricket under the policy/guidelines listed above. Please circle Yes / No Yes No

**Signed: (Youth / child if 12 years or older)**

**Date**