

Meopham Cricket Club Colts Section Season 2013
Player Profile Form (for players under the age of 18)

Personal Details:

Name of Child	Child's Date of Birth
Home address	School Year
Home telephone number	School/College attended
Parent/Guardian Names(s)	
Work/Daytime telephone number(s)	
Mobile telephone number	

Emergency Contact Details:

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 of alternative adult who can be contacted in an emergency	Phone number for alternative named adult	Relationship to child (e.g. Aunt, neighbour, family friend etc.)

Disability:

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

Do you consider this child to have a disability?	() Yes () No
If yes, what is the nature of their disability?	
() Visual impairment	() Learning disability
() Hearing impairment	() Multiple disability
() Physical disability	() other (please specify):

Consent:

Legal authority to provide consent:

() I confirm I have legal responsibility for(name of child) and am entitled to give this consent

() 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 (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 or the alternative adult which I have named on this form

() I confirm to the best of my knowledge, my child/the child in my care does not suffer from any medical condition other than those detailed by me in on this form

Consent to participate:

() I agree to the child named above taking part in the activities of the club (This consent only relates to junior cricket. Please see the open age cricket policy for more information on juniors playing in open age group cricket)

() I confirm I have read, or been made aware of, the club's policies concerning code of conduct, junior club rules, transport and e-bullying. (These can be seen on the notice board in the club pavilion).

() I consent to my child being videoed or photographed in the course of coaching/matches.
(Note: Leave this box unticked if you do not agree)

Name (printed) of Parent/Guardian

Signature of Parent/Guardian

Signature of Player (if over 12)

Dated _____/_____/2013