

Childs Name:



ASHBURTON CRICKET CLUB

Varwell Field, Balland Lane, TQ13 7BX 1889-1973, Reformed 1978 President – Fred Christophers Esq Chairman – Jeremy Crouch





JUNIOR MEMBERSHIP FORM

Outdoor training sessions (suitable for children aged 5+) are led by qualified coaches with help from volunteers and run from 6pm-7pm on friday evenings from May to July.

Youth cricket costs £30/season and can ONLY be paid via BACS.

ASHBURTON CRICKET CLUB - Sort code 54-10-39 - Account number 10560750 - (NatWest Account)

Please add your child's name and the word "Member" as the reference

There is an OPTIONAL payment to the ECB for AllStars or Dynamos cricket. This is £40 paid directly to the ECB for a playing shirt and equipment bag.

PERSONAL DETAILS (PARENT & CHILD)

Childs Gender (male or female): M

Address (including postcode):			
Parents Full Name:			
Home telephone number:	Parent mobile number:		
Parents Email address:			
Date of birth:	School & school year:		
I give consent to be contacted by			
☐ telephone (text/call/whatsapp group) newsletters)	email (match information / club		
he club has adopted the ECB's "Safe Hands – Wo Complete these consent forms	elfare of Young People in Cricket" Policy, so please		
·			
MEDICA	L INFORMATION		
Family doctor and surgery name:			
Telephone number:			
· · · · · · · · · · · · · · · · · · ·	ing impairment, learning, physical, multiple or other disability),		
medical conditions or allergies (e.g. epilepsy, asthmof? Yes/No	na, diabetes etc) or take any medication we should be aware		

www.ashburtoncricketclub.com

www.ashburton.play-cricket.com

Club Captain: **Ashley Berry** | Hon. Secretary: **Lloyd White**Hon. Treasurer: **George Marshall** | Hon. Fixtures Secretary: **Alan Churchill**

If yes, please give details:	
Emergency contact name:	Emergency contact number:
Relationship:	Date of last tetanus vaccination if known:
Medical consent:	
administration of emergency first aid and / or	ation, the Club may act in loco parentis, if the need arises for the rother medical treatment which in the opinion of a qualified o understand that in such an occurrence that all reasonable steps adult whom I have named in this form.
	ny child does not suffer from any medical condition or disability
other than those detailed by me in this section	on of the form.
these are both displayed on our website and I confirm I have been made aware of, and/or	r of policies that have been adopted to safeguard children and the club's notice board. Tread the following adopted policy sections (available on the or by contacting the Welfare Officer). These include:
 Changing / Showering Transport Photography / Video ECB Youth Directives 	 - Missing children - Anti-Bullying Policy - Safeguarding Policy Statement - Code of Conduct (Parents & Colts)
☐ I understand and agree to the responsibilities	s which I and my child have in connection with these policies
	olicy. (Used on the club website, press releases, match reports,
[NOTE: THIS BOX SHOULD BE LEFT UNTICKE	ED IF YOU DO NOT AGREE]
By returning this completed form, I agree to my sclub.	son/daughter/child in my care taking part in the activities of the
I understand that in the event of any injury or illn with that injury/illness appropriately	ess all reasonable steps will be taken to contact me, and to deal
Membership Fees. Youth cricket costs £30/sea	son
· · · · · · · · · · · · · · · · · · ·	parents/guardians in every aspect of what we offer, if you have a etick the box below and a member of our committee will speak to
☐ Yes I would like to help	
about the player) (together "Information") to adm which he participates through the Club and to ca cases this may require the Club to disclose the I	ion provided on this form (together with other information it obtains ninister his/ her cricketing activity at the Club and in any activities in are for and supervise activities in which he/she is involved. In some information to County Boards, Leagues and to the England and assue or child protection issue arising, the Club may disclose

Hon. Treasurer: George Marshall | Hon. Fixtures Secretary: Alan Churchill

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	ved in an investigation.
As the person completing this form, you must ensure that each per knows what will happen to their information and how it may be disc	•
Signed (Parent / Legal Guardian):	Date of signing:
Printed name of Parent / Legal Guardian who has completed this f	orm:
Ashburton Cricket Club comply with the new GDPR legislation	n that came into effect from 25 th May 2018.

Child Sporting Information (optional)

Have you played cricket before?	Yes	No	
If yes, where have you played cricket:	•		
Primary school	Secondary school	Local authority coaching session(s)	
Club	County	Other(please specify):	

Parent Sporting Information (optional)

Have you played cricket before?	Yes	No	
If yes, where have you played cricket:			
Primary school	Secondary school	Local authority coaching session(s)	
Club	County	Other(please specify):	