

Grayshott Cricket Club Junior Membership Form



We are very pleased to welcome you to Grayshott Cricket Club. To ensure we have the correct contact details for you, please fill out this Membership Form and return it to Graham Sampson, Youth Manager, Grayshott Cricket Club, at 64 Bolle Road, Alton, Hampshire, GU34 1PW.

The membership fee in 2010 is £30 per child. The club offers a £5 discount for every additional child in the family. (Cheques payable to Grayshott Cricket Club).

If you are under the age of 18 please also ask your parents / carer or legal guardian to sign the Membership Form before it is returned. We will also use this information to ensure that you are kept informed about events and information from Grayshott Cricket Club.

Can parents of new members please also complete the Gift Aid form attached.

Section 1 – Personal Details (young people under the age of 18)

Name:

Date of Birth:

Name of School / College:

School year

Section 2 – Personal Details (Parent / Legal Guardian)

Name:

Address:

Postcode:

Home telephone number:

Mobile:

Email:

Section 3 - Sporting Information

Have you played Cricket before? Yes No

If yes, where have you played Cricket: (please indicate below)

Primary school Secondary school Special Education Needs School

Club County Local authority coaching session(s)

Other (please specify)

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 or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of their disability?

Visual impairment Learning disability Physical disability

Hearing impairment Multiple disability

Other (please specify):

Section 5 – Medical Information

Name of Doctor / Surgery:

Doctor / Surgery Telephone number:

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

Medical consent:

- I give my consent that in an emergency situation, the Club may act 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 that all reasonable steps will be taken to contact me or the alternative adult which I have named in section 7 of this form.
- I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me above.

Section 6 – Club Policies

I confirm I have read, or been made aware of, the club’s policies concerning;

- Changing / showering
- Transport children playing in adult matches
- Transport
- Photography/video
- Anti bullying and the codes of conduct
- I understand and agree to the responsibilities which I and my child have in connection with these policies.
- I consent to my child playing in away fixtures under the Club’s Policy for Transport [NOTE: THIS BOX SHOULD BE LEFT UNTICKED IF YOU DO NOT AGREE]
- I consent to the Club photographing or videoing my child’s involvement in cricket under the terms and conditions in the Club photography / video policy. [NOTE: THIS BOX SHOULD BE LEFT UNTICKED IF YOU DO NOT AGREE]

All of these policies are available on the Club’s website at www.grayshottcc.co.uk

Section 7 – 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:

Relations which this person to the young person:

Address:

Postcode:

Home telephone number:

Work Telephone number:

Mobile:

Section 8 - Automatic Non- Voting Membership Status

Junior membership of the club also provides that the parent(s) / carer(s) / guardian(s) of the child are given non-voting membership of the club as part of that junior membership. This entitles the parent(s) / carer(s) / guardian (s) no 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.

Section 9 – 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 that each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

By returning this completed Membership Form, I agree to my child in my care taking part in the activities of Grayshott Cricket Club. I understand that I will be kept informed of activities at Grayshott Cricket Club – for example times and transport details etc...

Section 10 Parental/Guardian Help

The club is keen to involve parents/guardians in the day to day running of the club, however small their contribution maybe and you do not have to know a lot about the game of cricket. Please detail below your occupations and how you might like to help;

Occupations: _____

I would like to help by _____

Section 11 Signature(s)

Signed:(Young Person if 12 or over)

Print:(Young Person if 12 or over)

Date:

Signed:(Parent / Legal Guardian)

Print:(Parent / Legal Guardian)

Date:

**Grayshott Cricket Club
Gift Aid Declaration**



Name of Charity : **Grayshott Cricket Club**

Details of donor

TitleForename(s) Surname

Home address

.....

..... Post Code

I want the charity to treat all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 28p for each £1 you give).

Date:/...../.....

Notes:

1. You can cancel this Declaration at any time by notifying the charity.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or, refer to donations by individuals.
5. Please notify the charity if you change your name or address.