Please complete the information requested below in **BLOCK CAPITALS** and return to welfare@whjcc.uk. All juniors should ask their parent/guardian to sign this form at the consent section.

**PERSONAL INFORMATION AND CONTACT DETAILS**

Name of Junior……………………………….................................................................

Date of Birth……………………………….......

Age on 1st September 2019.……………………………..

Full Address inc Postcode………………………………................................................

………………………………..........................................................................................

………………………………..........................................................................................

………………………………..........................................................................................

………………………………..........................................................................................

E.Mail Address ………………………………................................................................

Home Telephone Number………………………………................................................

Mobile Number………………………………................................................................

**Emergency Contact Number……………………………….........................................**

**IMPORTANT Alternative Emergency Contact Number and Relationship to Child**

**………………………………..........................................................................................**

Ailments or medication that you would like to bring to the attention of the junior coaches (e.g. Epilepsy, Asthma, Diabetes etc.)

………………………………..........................................................................................

………………………………..........................................................................................

Have you played Cricket before? (Please circle). Yes No

If yes, where have you played the sport:(please indicate below).

By returning this completed form and ticking the box below:

• I agree to my son/daughter/child in my care, taking part in the activities of the club and confirm that my child will comply with the Junior Club Rules.

• I confirm that I understand the spirit of the Parent / Spectators Code of Conduct.

• I give consent to the use of photography and video in the coaching of cricket as advised by club policy (more details of usage are available from the Club Welfare Officer).

• I give consent to the use of photography and video for the promotion of the club as advised by club policy (more details of usage are available from the Club Welfare Officer).

• I understand that I will be kept informed of cricket activities at the club, eg: Timing and transportation details for away matches when my child is involved.

• I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and deal with that injury/illness appropriately.

• I am aware that should my child play for a senior team he/she may have to share changing and showering facilities as indicated by club policy.

• I am aware of and have access to all principle Club Welfare Policy procedures.

Please tick

Should anyone require any further information please contact Club Welfare Officer.

Name of Parent/Carer (BLOCK CAPITALS)……………………………......................

Signature of Parent/Carer……………………………….................................................