

GUILDFORD CITY CRICKET CLUB

www.guildfordcitycc.co.uk

Application for Colts Membership 2011

I would like to apply for: **Colt Membership**

£55 per annum

First Name(s)			
Surname			
Address			
Postcode			
Telephone Numbers	Home:	Work:	
	Mobile:	Fax:	
E-mail Address	Please print e-mail address carefully or send direct to gcccyouthproject@btinternet.com		
Age at 01.09.2010:	_____	Date of Birth	_____
School			

Please note: Colts are only included in the Club insurance on payment of membership fees.

Medical Information

Please detail below any important medical information that our Coaches need to know (e.g. allergies, medical conditions, current medication, special dietary requirements, injuries)

Name of Doctor / Surgery Name

Doctor's Telephone Number

Emergency Contact Details

Name	Mobile	Home / Work

IMPORTANT NOTICE:

In compliance with the ECB Fast Bowling Directive regarding injury prevention, all colts MUST wear a helmet when batting or when wicket-keeping at the stumps.

Cricket Experience, if appropriate:

BATTING :

a) Left or right hand:

b) Previous club/ school/ county experience, if any:

.....

BOWLING:

a) Type of bowler:

b) Previous club/ school/ county experience, if any:

.....

WICKET KEEPING:

Please indicate if you would like to be a wicket keeper, even if you have no previous experience YES/ NO

Volunteers

As we expand GCCC needs more members to play an active role in the club.

Please indicate in which capacities you would be willing to help the club:

Basic Hospitality for Colts Games	
Managing a Colt Team	
Scoring	
Umpiring	
Teas (Surrey Trust Games)	
Bar	
Jumble Sales / Social Events	
Other (please specify)	

Data Protection:

We will use the contact information collected to ensure that you are kept informed about club events and matches including timing and transport details. Please ensure that you inform us of any changes during the season.

To help parents arrange lifts etc. a list of names and addresses is always compiled for distribution to other members only. Please tick if you **DO NOT** wish your details to be included.

I enclose my membership fee of £55 cash/cheque
(cheque made payable to **Guildford City Cricket Club Youth Project**)

Consent Statement from Parent / Legal Guardian

Please tick each box where you agree (or delete if you do not agree)

Legal authority to provide consent:

- I confirm that I have legal responsibility for _____ and am entitled to give this consent.
- I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the club of any changes to this information.

Consent to participate:

- I agree to the child named above taking part in the activities of the club.

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 Emergency Contact Details on the first page 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 in the Medical Information Section on the first page of this form.

Club Photography / Video Policy:

- 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]

Signed (Parent / Legal Guardian):

Date of signing:

Printed name of Parent / Legal Guardian who has completed this form:

Consent From Child In Connection With Club Photography / Video Policy

(For players aged 14 – 18) Please indicate if you DO or DO NOT agree with the statement below:

- I consent to the Club photographing or videoing my 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]

Signed (Child if 14 years or older):

Date of signing: