

HCC JUNIOR APPLICATION & PARENTAL CONSENT FORM 2012

NAME:		HOME No:	
		MOBILE No:	
ADDRESS:			
		E Mail:	
POSTCODE:		SCHOOL:	
D.O.B.		YEAR:	
PLACE OF BIRTH:		PARENT:	
COUNTRY:		SIGNATURE:	

Colts Subscription £100.00 * Paid Y/N Amount £

Add £50 for each additional sibling.

* Includes family membership, junior cricket shirt & cap.*

Size:	Small Boy	Medium Boy	Large Boy	Small	Medium	Large
Chest Size	27 inches	30 inches	33 inches	36 inches	40 inches	42 inches

Please make cheques payable to HARROW CRICKET CLUB.

If your child has a medical condition we should know about please put details below.

MEDICAL DETAILS:	

Safety Guidelines:

It is compulsory that all players under 18 wear a helmet, when batting, or standing up to the stumps when keeping wicket against a hard ball in matches and in practice.

Harrow Cricket Club Nets must be used in accordance with the safety guidelines displayed on the colt's notice board.

Members using Harrow Cricket Club facilities do so at their own risk.

Colt Membership	Number	Family Membership	Number
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1.	I consent to my child taking part in cricket activities. I acknowledge that the Club will be liable in the event of any accident only if it has failed to take reasonable steps in its duty of care for my child.
2.	I agree to my child being transported to and from away fixtures in other adult's vehicles if necessary - Yes/No
3.	I am aware of the Club/ECB Welfare of Young People guidelines as they relate to away fixtures as displayed on the Young Players notice board in the HCC clubhouse and club web site (junior cricket page).
SIGNATURE:	
PRINT NAME:	

1. First Aid or Emergency Treatment

<p>I/We do/do not consent to basic first aid being given to my/our son/daughter should he/she sustain an injury whilst under the supervision of the Club.</p> <p>I understand that, should this occur, the Club will endeavor to contact a parent/guardian on the emergency given and also arrange further medical assistance if deemed necessary.</p> <p>I/We do/do not consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.</p>
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2. Photography and/or Video Recording

<p>I/We do/do not consent to video footage being taken in the interests of technical analysis to aid the coaching.</p> <p>I/We do/do not consent to other video (family records) being taken.</p> <p>I/We do/do not consent to the taking of photographs which may be used in Club promotional literature, on the Club's website or for press reports.</p>
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3. Away Matches

<p>I/We do/do not consent to my/our son/daughter participating in competitive matches at other clubs.</p> <p>I/We do/do not consent to my/our son/daughter travelling to and from away matches in transport provided either by officers of the Club, team managers appointed by the Club, parents of other Club Youth Section members or senior members of the Cricket Club when playing in Senior team matches.</p>
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I agree that, upon election, I will ensure that the Young Player will be bound by the Rules and Byelaws of the Club. I have received, read and accepted a copy of HCC Junior Club Rules.

Name of Junior Member (please print) :	
Name of parent/guardian (please print) :	
Signature of parent/guardian :	
Date :	

