

NORTH MYMMS CRICKET CLUB

JUNIOR CRICKETER MEMBERSHIP FORM 2009

We are very pleased to welcome you to NMCC. To ensure we have the correct contact details for you, please fill out this Membership Form and return it to Ben Bagshaw, along with your £30 annual subscription (cheques payable to North Mymms Cricket Club please).

Please also ask your parents / carer or 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.

Section 1 – Personal Details.

Name:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Home telephone number:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>
Date of birth:	<input type="text"/>
Name of School / College	<input type="text"/>

We would like your parent(s)/guardian(s) to tell us their occupation, provide details of any skills or experience that may be relevant to the club, or indicate their willingness to help out with any fundraising or volunteer work.

There is no obligation to provide this information, but it would be appreciated.

Section 2 – Ethnicity

It is not compulsory to complete this section. However, sport plays a major role in promoting inclusion of all groups in society but inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. The ECB and Sport England are committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure all young people have an opportunity in the future development and progress in sport

A White

British

Irish

Any other white background (please specify):

B Mixed

White & Black Caribbean

White & Asian

White & Black African

Any other mixed background (please specify):

C Asian or Asian British Pakistani

Indian Bangladesh

Any other Asian background (please specify):

D Black or Black British

Caribbean

African

Any other Black background (please specify):

E Chinese or other ethnic group

Chinese

Any other (please specify):

Section 3 – 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 your disability?

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other (please specify):

Section 4 - Sporting Information

Have you played Cricket before? Yes No

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

Primary school

Secondary school

Local authority coaching session(s)

Club

County

Other (please specify):

Section 5 – Medical Information

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

Section 6 – Emergency Contact Details

This section is to be completed by the parent / carer or guardian:

Please insert the information below to indicate the persons who should be contacted in the event of an incident / accident:

Emergency Contact Person 1:
Name:
Relationship to individual:
Home Tel:
Work Tel:
Mobile Tel:

Emergency Contact Person 2:
Name:
Relationship to Individual:
Home Tel:
Work Tel:
Mobile Tel:

By returning this completed Membership Form, I agree to my child in my care taking part in the activities of North Mymms Cricket Club.

I understand that I will be kept informed of activities at North Mymms Cricket Club – for example times and transport details etc...

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

Name of parent/carer/guardian:

Signature of parent/carer/guardian:

Date: