

Boyne Hill Cricket Club

Boyn Grove, Highway Road, Maidenhead, Berkshire SL6 5AE



Colts Membership Application Form

(For all players (boys and girls) under the age of 18 years)

- This form is designed to be completed by the parent or legal guardian for any player under the age of 18. It should also be signed by the player themselves.
- **Once completed the form should be returned with payment to BHCC by w/c 6th May 2024**

Data Protection (GDPR)

The Club will use the information provided on this form (together with any other information it obtains about the player) (together "Information") to administer his/her cricketing activity at the Club and in any activities, 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 a 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.

Your email and Name (child's name) will be stored on the club's secure website (hosted by Hits Sports) for the purpose of managing team fixtures, results, player stats and general communications about news and events planned by The Club throughout the course of the year.

You may unsubscribe from email communications at any time by clicking on the 'Unsubscribe' link within the email.

Team managers/coaches will hold your phone number for the purpose of communication regarding matches, training or in cases of emergency.

Your name, address and email and any other personal information will not be shared with any other third party without your prior consent.

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.

☐ Please tick this box to confirm you have read and understand the above information.

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Section 1: Personal & Contact Details		
Name of Child (Under 18)	Child's Date of Birth	Name of Parent or Guardian
Home Address and Postcode		email address (for Parent or Legal Guardian)
Home Telephone Number (for Parent or Legal Guardian)	Work Telephone Number (for Parent or Legal Guardian)	Mobile Number (for Parent or Legal Guardian)
Alternative Emergency Contact		
In the event of an emergency or incident situation where a Parent or Legal Guardian named above cannot be contacted, please provide details of an <u>alternative</u> 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 of an alternative adult who can be contacted in an emergency	Telephone number for alternative adult	Relationship that this person has with the child (e.g. Aunt, Uncle, Neighbour, family friend etc.)

Section 2: Parent or Legal Guardian Consent
Tick each box where you agree or delete where you do not agree
Legal Authority to Provide Consent <input type="checkbox"/> I confirm I have legal responsibility for (name of child) and am entitled to give this consent <input type="checkbox"/> I confirm to the best of my knowledge and belief all information provided on this form is accurate and I will undertake to advise the Club of any changes to this information.
Consent to Participate <input type="checkbox"/> I consent to the child named in this application to take part in the activities of the Club.
Medical Consent <input type="checkbox"/> 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/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 2 of this form. <input type="checkbox"/> I confirm that to the best of my knowledge and belief my child does not suffer from any medical condition other than those detailed by me in Section 6 of this form. <input type="checkbox"/> In the event of a head injury/concussion to my child, I consent for a responsible adult to invoke their Duty of Care and seek appropriate care.

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Other Consent

I confirm I have read or been made aware of the Club's policies concerning...

- | | | |
|---|--|--|
| <input type="checkbox"/> Changing/Showering | <input type="checkbox"/> Missing Children | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Children playing in adult games | <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Anti bullying and the Code of Conduct |
| <input type="checkbox"/> Managing children away from the Club | | |

☐ I understand and agree to the responsibilities which I and my child have in connection with these policies

☐ I confirm I have been given comprehensive details of the home and away fixtures in which my child may participate.

Photography & Video Consent

☐ 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)

Signature of Parent or Legal Guardian

Print Name

Date of Signing

Consent from Child in connection with Club photography and video policy

(For players aged 12-18). 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 of the Club Photography/video policy. (NOTE: this box should be left unticked if you do not agree)

Signature of Child (If 12 years or older)

Print Name

Date of Signature

Section 3: Disability Information

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 this child to have a disability? ☐ YES ☐ NO

If YES what is the nature of that disability?

- | | | |
|--|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Multiple Disability | <input type="checkbox"/> Other (Please give specific details) |

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Section 4: Medical Information

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

Name and Address of Doctor

Doctors Telephone Number

Section 5: Sporting Information

Has this child played cricket before? ☐ YES ☐ NO

If YES where has this been played?

- | | | |
|---|---|--|
| <input type="checkbox"/> Primary School | <input type="checkbox"/> Secondary School | <input type="checkbox"/> Local Authority Coaching Sessions |
| <input type="checkbox"/> Cricket Club* | <input type="checkbox"/> County* | <input type="checkbox"/> Other* |

* Please specify

Section 6: Membership Subscription

Membership fees for children participating in the u9 – u19 age groups

One child: £110 // Two children: £170 // Three children: £230

Playing Family Membership Package (For playing Adults and Children living at the same address)

First Playing Adult: £130

+ Additional Playing Adult: £60 per extra adult

+ Playing Child: £60 per child

(For example: 2 x playing adults + 2 x playing children = £310)

Non-playing Parents/Guardians/Siblings receive social membership as part of playing child's membership.

Payment accepted by cash, cheque (payable to Boyne Hill CC), debit/credit card (at the bar), bank transfer or standing order:

Bank: NatWest

Account Name: Boyne Hill Cricket Club

Sort Code: 60-04-53

Account Number: 47838310

Reference: Age group and Child's name (for example: U9 A Jones)

Payment plans are available on request

Membership fee is subject to annual review.

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Section 7: Parent/Guardian Responsibilities after Training session and Match Days

1. Will your child be collected from Boyne Hill Cricket Club at the end of all cricket activity i.e. Coaching Sessions and Home Matches ☐ Yes ☐ No
(Only applicable for Colts in U13s age groups and above. Colts in u7-u11 age groups must always be collected by parents/guardians)
2. With regard matches played at Away venues it is the sole responsibility of the parent/guardian to liaise with the Team Manager to determine the transport arrangements.