

Saffron Walden Cricket Club

C.I.O. (Registration Number 1157468)



Academy Registration Form 2018

For players to complete with their parents or carers on first joining the Academy. It may be amended by you in subsequent years.

* delete as applicable

SECTION A: Player Details

Entered on database: By:

Player name	Date of Birth	Male/Female/Other*	
	Place of birth _____ County _____ Addenbrookes, Cambridge/ Princess Alexandra, Harlow*		
Address			
Telephone number	email address (please write clearly)		
Emergency contact name	Emergency contact number		
Previous school (if any)	Present school		
Cricket experience, inc. other clubs, representative sides etc.			
Batting type			
Bowling type			
Medical information			
School/College			
Joyce Frankland Academy (Please circle)	Saffron Walden County High School	The Perse	
Other			
Address of Doctor* (Write in name of doctor here)			
Gold Street Surgery Gold Street Saffron Walden 01799 525325	The Rectory Surgery 18 Castle Street Saffron Walden 01799 522327	Great Chesterford Surgery High Street Great Chesterford 01799 530228	Newport Surgery Frambury Lane Newport 01799 540570
Other Dr.		Tel. no.	
Address			

	SECTION B- General – please answer all questions	<i>* please delete as applicable</i>
1	I will ensure that my child attends matches/training with a drink, cap and sun cream	YES/NO*
2	I would like to be considered for free/reduced* membership because I am on Income Support or other reason <i>(please apply in confidence to the Academy Co-ordinator or Club Chairman)</i>	YES/NO*
3	I give permission for the club to select my child for adult cricket for one of the Saffron Walden teams or for other local clubs if they feel he/she is suitably proficient in the skills and techniques of the game. <i>(This is only available for under 13/Year 8 upwards – ECB regulation)</i>	YES/NO*
4	I give permission for my child to be photographed for the local newspaper or other purposes related solely to the promotion of the club and cricket in general.	YES/NO*
5	I give permission for my child to be given medical treatment in the event of injury provided all reasonable steps are taken by the club to contact me in advance.	YES/NO*
6	I give permission for my child to be transported by car by other adults who are approved by the club. These will be either parents, senior players or coaches.	YES/NO*
7	I am aware of the club policy on the wearing of safety helmets and note that all players under 18 years of age will be obliged to wear a helmet when batting or wicket-keeping.	YES/NO*
8	I am aware that fast bowlers are prone to injury and that I should listen carefully to any advice given whilst reserving the right to seek a second opinion.	YES/NO*
9	I am aware of the club website (www.saffronwaldencricket.co.uk) and that it includes the complaints procedure and policies on Equity, Child Welfare, Volunteer Recruitment, Code of Conduct for Players/ Parents/Coaches & Risk Management	YES/NO*
10	I am able to access the internet	YES/NO*
11	If I do not want my child to use a changing room with an adult when playing adult cricket: he/she will come to the match changed or I will supervise her/him	YES/NO*
12	As a parent I would like to be considered as an associate member/vice-president/ player* of the club <i>(please ask for an adult membership form)</i>	YES/NO*
13	I would like to volunteer time to support the Club and/or Academy <i>(please ask for a Volunteer Registration Form)</i>	YES/NO*
14	My child is interested in one2one coaching with a qualified coach and I would be prepared to pay up to £15 per 30 minutes for such coaching	YES/NO*
15	We are able to access Sky TV at home	YES/NO*
16	I am aware that the details contained in this registration form may be held on a database used for internal club purposes only. It is not released to any third party	YES/NO*
17	My child is registered as a player with another club <i>If 'yes' please state which club. Players may join other clubs especially if they are local village clubs, but may not play for two clubs in the same competition. Club name</i>	YES/NO*
18	My child has taken part in a Chance to Shine Programme at her/his school	YES/NO*

	SECTION C – Transport	
	<i>As a club run by volunteers it is important that parents make themselves available when necessary to provide transport for away matches. If sufficient transport is not available, matches may have to be cancelled. Please give careful thought to the following:</i>	
19	I will transport my own child or take responsibility to ensure other adults can do so	YES/NO*
20	I am prepared to give lifts to players, parents or supporters for away games	YES/NO*
21	If YES, I confirm that the vehicle I will use is; a) taxed b) insured for this purpose c) is fit for use (MOT if appropriate) d) regularly serviced e) is fitted with seat belts	YES/NO*
22	I am aware that I should not transport other children in the car on my own but if this is absolutely necessary, they will be required to sit in the back seat.	YES/NO*

	Section D – Sponsorship/funding	
22	Would you consider sponsoring the club in kind or financially either as an individual, a family or through a company? ". "	YES/NO*
	Are you able to suggest any other sources of funding for a sports club and charity such as ours? Please give details:	YES/NO*

Declaration

I enclose a cheque for £45 (for under 10 and below)/£60 (for under 11 and above) for each child* (third or more children £25, family membership including an adult, £200) - cheques, payable by end of May each year, to be made payable to *Saffron Walden Cricket Club* - or have paid the correct amount by BACS (sort code: 20-74-05; account: 50784125, giving my child's surname as reference), on the understanding that this will provide for weekly coaching sessions in May, June, and July; provision of equipment including safety equipment; insurance; use of the clubhouse by arrangement; registration with the West Essex Cricket Board and the Cambridgeshire Cricket Board; availability for selection to represent Saffron Walden Cricket Club at adult or relevant junior age level; and the possibility of being recommended for trial at either District or full County level. I also understand that selection for club teams is on merit and that the club can make no guarantee in this respect. It does not cover the costs of winter training or one-to-one coaching.

I have read and understood the Registration Form and explained it to my child.

Signed..... Date.....
(parent or guardian)

Name..... (in block capitals please)

Signed..... Date.....
(player)

Name.....(in block capitals please)

**In cases of hardship, please contact David Barrs in confidence (david.barrs@live.com or at the address below*

SECTION D - Updates

Please sign below in subsequent years only after you have checked the details and initialled any alterations

Signed - parent	Print name	Signed - child	age group	Date	Changes made?
				2018	
				2019	
				2020	
				2021	
				2022	
				2023	
				2024	
				2025	
				2026	
				2027	
				2028	
				2029	

Give this form to your team manager or post it to David Barrs, Cobblers, Linton Road, Hadstock, Cambridge CB21 4NU. If you have any queries please email us on saffronwaldencricketclub@gmail.com

SECTION E - Ethnic monitoring

This section is not compulsory but it does help us to ensure that our Sports Equity Policy is upheld. We would appreciate your support. The Academy is committed to promoting and developing fairness in sport and ensuring equality of access in relation to local demographics. By monitoring the profile of people taking part, we can identify and address any issues relating to under-representation of different groups to ensure that all young people, with the necessary aptitude, have the opportunity to develop and progress in cricket.

A White

- British Irish
 any other white background (please specify)

B Mixed

- White and Black Caribbean White and Black African
 White and Asian Any other mixed background (*please specify*)
.....

C Asian or Asian British

- Indian Pakistani
 Bangladeshi 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*)

Please advise us of any dietary, clothing or holiday issues that we should be aware of:

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SECTION F - 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 day-to-day activities"

Do you consider that the player has a disability **YES/NO***

If "yes" please tick the appropriate box or boxes below

- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| VI Visual impairment | <input type="checkbox"/> | HI Hearing impairment | <input type="checkbox"/> |
| PD Physical Disability | <input type="checkbox"/> | LD Learning Disability | <input type="checkbox"/> |
| MD Multiple Disability | <input type="checkbox"/> | O Other | <input type="checkbox"/> |

This page of the registration form is not held on computer and is not generally available within the Academy.