



## OCC Colts Registration Form, 2015 Season (v1)

We have designed this registration form to be completed by the parent or legal guardian of any player under the age of 18 and should also be signed by the player him/herself. Once completed, please return it, with cheque if appropriate, to Fiona Lane, OCC Colts Registration Secretary, 1 St Aubyns Close, Orpington, Kent, BR6 0SN. If registering siblings, please complete a form for each child.

**Data Protection:** The Club will use the information provided on this form, as well as other information it obtains about the player (together "information") to administer his/her cricketing activity at the Club and in any activities in which he/she participates through the club and to care for and supervise in which he/she is involved. In some cases this may require the Club to disclose the information to County Boards, Leagues and the ECB. In the event of a medical or safe-guarding 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 offers and potentially to legal and other advisers involved in investigation.

### Personal Details For Young Player and His/Her Parent/Legal Guardian

First name of child ..... Surname of child ..... M/F  
 Date of birth of child ..... School ..... Sch Year .....  
 Name of parent/legal guardian .....  
 Home address (incl postcode) .....  
 .....Home telephone number .....  
 Work telephone number ..... Mobile number.....  
 Email address for parent/legal guardian .....

### Emergency Contact Details

In the event of an incident or an emergency situation, where the parent or legal guardian named above cannot be contacted, please provide details of an alternative adult who can be contacted by the Club. Please make this person aware that his/her details have been provided as a contact for the Club.

Name of alternative adult who can be contacted in an emergency .....  
 Phone number for alternative adult .....  
 Relationship of alternative adult to child named above .....

### Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and longer term adverse effect on his or her ability to carry out normal day to day activities.

Do you consider your child to have an impairment? Yes/No If yes, what is the nature of their disability?  
 Visual impairment  Learning disability  Hearing impairment  Multiple disability  Physical disability   
 Other (please specify) .....

### Medical Information

Please detail below, any important information that our coaches need to know (please continue on back if lack of space)

Allergies.....  
 Medical conditions (eg asthma, epilepsy etc) .....  
 Current medication (please state if use is regular/occasional) .....  
 Is Epipen/asthma inhaler/other emergency medication prescribed? Yes/No  
 If yes, please note where it will be located (eg in kit bag) if required by the emergency services.....  
 Name of Doctor ..... Name and address of Surgery .....  
 ..... Phone number .....



**Medical Consent**

- I give my consent that in an emergency situation, the Club may act in my place (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, all reasonable steps will be taken to contact me or the alternative adult which I have named above.
- I confirm that to the best of my knowledge the child named above does not suffer from any medical condition other than those detailed by me as above.

**Consent to Participate**

- I agree to the child named above taking part in the activities of the Club.
- I confirm I have read, or been made aware of, the Club's policies (available at [www.orpingtoncc.co.uk](http://www.orpingtoncc.co.uk)) concerning: transport, changing/showering, photography/video, managing children away from the Club, missing children, children playing in adult matches, anti bullying and the codes of conduct, e-safety guidelines and the codes of conduct for Young People, Parents/Carers and Members' Guests.
- In connection with these policies, I understand and agree to the responsibilities which I and my child have.
- I consent to the Club photographing or videoing my child's involvement in cricket under the term and conditions in the club.

**Parental/Legal Guardian Consent Statement (legal authority to provide consent)**

- I confirm I have legal responsibility for ..... (name of child) and am entitled to give this consent.
- I confirm to the best of my knowledge, all information provided on this form is accurate and I will undertake to advise the Club of any changes to this information.
- SIGNED (parent/legal guardian) ..... Date .....

**Player's Consent**

- I ..... (name of player) confirm that I have read or been made aware of the club policies as on [www.orpingtoncc.co.uk](http://www.orpingtoncc.co.uk) and agree to abide by these.
- I, the above named, consent to the club taking and using photographs and video of my involvement in cricket activities according to the club's photo/video policy. *NOTE - please leave this blank if you do not consent.*
- SIGNED (player) ..... Date .....

**Payment Details**

- Single Colt: £85     Additional sibling(s): £40 each     x £40    Total payable .....
- Name of sibling(s) .....
- Payment can be made either by on-line bank transfer (preferred method) or by cheque.
- On-line bank transfer:** Account number 31413609, sort code 56-00-29 and please ensure the name(s) of colt(s) and age group(s) is/are written in the reference section.
- Cheque:** Please make cheques payable to Orpington CC and ensure the name(s) of colt(s) and age group(s) is/are on the reverse.
- Please indicate method of payment:     Cheque     On-line bank transfer    Date of transfer .....
- If registering siblings, please complete a form for each child. One cheque/on-line transfer for the whole amount will be accepted.

**For Registration Secretary Only**

Information entered on computer	Date cheque paid in .....	OCC Chairman of Colts informed
Thank you e-mail sent	OCC Treasurer informed	Coach/Match Manager informed
	OCC Chairman of Playing informed	OCC Welfare officer informed