



## CRICKET JUNIOR MEMBER DETAILS – PLEASE COMPLETE ALL BOXES

DATE:			
NAME OF JUNIOR			
FIRST NAME		SURNAME	
PARENT / CARER			
TITLE	FIRST NAME		SURNAME
ADDRESS:			
POST CODE:			
TELEPHONE:			
*EMAIL ADDRESS			
*MOBILE NUMBER			
SPORTS PLAYED			
DATE OF BIRTH (CHILD IF UNDER 18)	DAY	MONTH	YEAR
METHOD Of PAYMENT (please tick ✓)			
	Amount	BACS	CHEQUE
SUBSCRIPTION PAID	£ 50		
DATE OF PAYMENT			

\*Junior parents should insert both their details and of the young person.

\*BACS Payments please use your child's name as a reference e.g. J Smith – Jnr Member

### EAST LANCASHIRE CLUB – DATA PROTECTION STATEMENT

East Lancashire Club is committed to the principles of the Data Protection Act 1998. Personal data gathered from this form will be held securely in an excel spreadsheet for club use only and will not be disclosed to any third party individual or organisation. Club use is defined as maintaining an accurate record of members and the receipt of annual subscriptions as well as utilising the correct data to circulate information to members regarding the club in general and any other internal events or activities. Under the England and Wales Cricket Board Clubmark accreditation, East Lancashire Club Also collects information under separate policies covering the safeguarding of children and young people. Examples include emergency contact information and consent to the taking of photographs. This information is collected by the individual junior coaches and monitored by the designated Club Welfare Officer and will be held appropriately within both Data Protection and Clubmark guidelines.

By signing this form, members (parents/carers of members under 18 years of age) agree to East Lancashire Club retaining the personal data contained within it for the purposes defined above.

**MEMBERS SIGNATURE** \_\_\_\_\_

(Parent / Carer if member is under 18 years of age)

# Cricket Training Health Questionnaire

## Personal Information

Please indicate if any of these statements apply to your Son/Daughter by placing YES in the space provided

(past or current): History of heart problem (i.e. Chest pain)	
Diabetes (Please specify)	
Asthma, breathing, or lung problems	
Allergies (Please Specify)	
Seizures, seizure medication, neurological problems, dizziness	
Back, joint or muscle problems	
Any condition that may be aggravated by exercise	
Are you on medication?	
Have joint / muscle problems that might be aggravated by exercise?	

Please describe any special considerations or how your injury currently affects your child's ability to take part in physical activity: (i.e. Illness or Injury)

---

---

---

---

Any special considerations you feel we need to know.

---

---

---

---

Print Name

Signature

Date

--