# WELCOME!

Dear Parent,

On behalf of Checkley Cricket Club, I would like to welcome your child to the Club and provide you with some information about our activities. The Club holds ECB Clubmark status and are currently one of the Focus Clubs in Staffordshire. All our Coaches, Team Managers and Senior Team Captains are DBS checked by the ECB for their suitability for working with children.

As part of our responsibility to you as a parent and in accordance with ECB Clubmark requirements, as defined by the ECB and Staffordshire County Cricket Board, we need you to read our various Club Policies, which are listed in the Junior section of the club website.

I would be grateful if you could take the time to familiarise yourself with the following policies and codes as they are in place to protect your child as well as the coaches and volunteers at the club.

* Club Safeguarding & Child Protection Statement
* Equity in Sport Policy
* Anti-Bullying Policy
* Changing & Photography Policy
* Transport Policy
* Children Playing in Adult Matches Policy
* ECB Fielding Regulations
* ECB Guidance on Wearing of Helmets
* ECB Fast Bowling Directives
* Code of Conduct for Junior Members
* Code of Conduct for Parents
* Code of Conduct for Coaches
* Parent Consent Statement

I would encourage you to visit our website at [www.checkleycc.co.uk](http://www.checkleycc.co.uk) as this gives you an insight to the Club and it’s events in more detail.

If you have any other questions over your or your child’s membership please do not hesitate to contact me or one of our other coaches.

**Alan Woods - Head Coach**

**SAFEGUARDING DECLARATION**

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| This form is to be completed by the Parent or Legal Guardian of any junior member under the age of 18 as at 1st of September last year. Please note all information is treated as confidential and is used by the Club for your child’s safety. | | | | | | |
| **Junior Members Details** | | | | | | |
| First Name | | Surname | | | Date of Birth / / | |
| Address    Post Code | | | | | | |
| **Parent Details** | | | | | | |
| First Name | | | | Surname | | |
| **Contact Details** | | | | | | |
| Tel Home : | Mobile : | | Tel Work : | | | Email : |

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| **PARENT / LEGAL GUARDIAN CONSENT STATEMENT** | | | | | | | | | |
| Please tick each box where you agree (or delete if you do not agree) | | | | | | | | | |
| **Legal authority to provide consent:**  I confirm that I have legal responsibility for the person named above and am entitled to give this consent.  I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the club of any changes to this information. | | | | | | | | | |
| **Consent to Participate:**  I agree to the child named above taking part in the activities of the club. | | | | | | | | | |
| **Has this child played Cricket before?**  **Yes**  **No If yes, where has this been played?** | | | | | | | | | |
| Primary school    Secondary school | | | Club  County | | | | Local Authority  Other | | |
| **Medical Information & Consent:** | | | | | | | | | |
| Does your child suffer from any of the following | | | | | | | | | |
|  | Yes | | | No | Please give details of special requirements or additional info | | | | |
| Epilepsy |  | | |  |  | | | | |
| Heart Trouble | Ntr1303 | | |  |  | | | | |
| Poor Hearing |  | | |  |  | | | | |
| Headaches |  | | |  |  | | | | |
| Allergy |  | | |  |  | | | | |
| Asthma |  | | |  |  | | | | |
| Other Medical conditions |  | | |  |  | | | | |
| Does your child have good eyesight without glasses |  | | |  |  | | | | |
| Does your child take any prescribed medication |  | | |  |  | | | | |
| Date of Tetanus immunisation: | | | | | | | | | |
| **Details of Child’s Doctor** | | | | | | | | | |
| Dr’s Name: | Surgery Address: | | | | | | | Tel No: | |
| I give my consent that in an emergency situation, my child may if the need arises, receive emergency first aid treatment.  I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me in this form | | | | | | | | | |
| **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 this child to have a disability?  Yes  No | | | | | | | | | |
| If yes, what is the nature of their disability? | | | | | | | | | |
| Visual impairment    Hearing impairment | | | Learning disability  Multiple disability | | | | Physical disability  Other (please specify): | | |
| **Club Policies**  Ntr1303 I confirm I have read, or been made aware of the club’s policies concerning the following: | | | | | | | | | |
| Safeguarding & Child Protection, Equity in Sport, Changing & Photography, Anti-Bullying, Transport, The Junior Code of Conduct, The Parent Code of Conduct, Children playing in adult matches. | | | | | | | | | |
| I understand and agree to the responsibilities which I and my child have in connection with these policies.  I consent to my child playing in an age group above their own  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: THESE BOXES SHOULD BE LEFT UNTICKED IF YOU DO NOT AGREE] | | | | | | | | | |
| Signed (Parent / Legal Guardian): | | Print name of Parent/Legal Guardian who has completed this form: | | | | | | | Date of signing: |
| **Consent From Child In Connection With Club Photography / 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 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] | | | | | | | | | |
| Signed (Child if 12 years or older): | | | | | | Date of signing: | | | |