



Junior Cricket Membership 2016 Application Form

Name:	
Address:	
Date of Birth:	
Home Telephone Number:	
Mobile Phone Number:	
eMail Address:	
School Attended:	
Emergency Contact:	
Relationship to you: <i>i.e Mother, Father, Aunt etc...</i>	
Emergency Contact Home Telephone Number:	
Emergency Contact Mobile Phone Number:	





Medical Consent Form

Consent to medical treatment

The following information & consent is required to ensure the health and wellbeing of all children participating in Bagenalstown Cricket Club's activities.

The information contained in this form is confidential and will only be used to safeguard and promote the child's health & wellbeing should the need arise.

Name of Child/Vulnerable Adult:	
Date of Birth:	
Name of GP:	
Address of GP:	
GP Phone Number:	

Please provide details of any pre-existing medical conditions that may affect the child's participation in the event/activity programme:

Details of medication or treatment required:	
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Details of any existing injuries: <i>include when injury occurred and treatment</i>	
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Details of any allergies:	

Parent / Guardian / Legal Carer

I: _____ (*name of Parent / Guardian / Legal Carer*) consent to
_____ (*name of child*) receiving medical treatment

including anaesthetic which the medical authorities present consider necessary.

I undertake to inform Bagenalstown Cricket Club should any of the information contained in this form changes.

Signature: _____

Name: _____

Relationship to Child/Vulnerable Adult: _____

Date: _____



Consent form for the use of photographs

Bagenalstown Cricket Club is committed to the protection of children involved in sport.

In accordance with its Child Protection Policy and procedures where possible we will not permit photographs, film, video or other images of children or other vulnerable adults to be taken or used without the consent of the child/vulnerable adult and the parent/guardian or carers.

Bagenalstown Cricket Club will take all reasonable measures to ensure these images are being solely for the puposes for which they are intended. If you become aware of these images being used inappropriately, please contact Bagenalstown Cricket Club's Child Protection Officer immediately.

Bagenalstown Cricket Club reserve the right at all times to prohibit the use of photography, film or video at any event with which it is associated.

Child

I, _____ (child) consent to photographing, videoing or filming my involvement at Bagenalstown Cricket Club activites.

Signature: _____

Name: _____

Date: _____

Parent / Guardian / Carer

I, _____ (parent/guardian/carer) consent to Bagenalstown Cricket Club photographing, filming or videoing _____ (child) involvement in Bagenalstown Cricket Club's activities.

Signature: _____

Name: _____

Relationship to Child/Vulnerable Adult:

Date: _____