

Saffron Walden Cricket Club

C.I.O. (Registration Number 1157468)



Crocus Registration Form 2024

For players to complete with their parents or carers on first joining the Crocus squad. 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, incl. other clubs, representative sides etc.			
Medical information, including anything which will help us to coach you or the person for whom you are completing the form			
School/College			
Other			
Address of Doctor* (Write in name of doctor here))			
Gold Street Surgery Gold Street Saffron Walden 01799 525325	Crocus Medical Practice Radwinter Road 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

* please delete as applicable

1	I will ensure that my child attends matches/training with a drink, cap and sun cream	YES/NO*
2	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*

3	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*
4	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*
5	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 and Data Protection.	YES/NO*
6	I would like to volunteer time to support the Club and/or Academy (please ask for a Volunteer Registration Form)	YES/NO*
7	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*
8	My child has taken part in a Chance to Shine Programme at her/his school	YES/NO*
9	I am happy to receive email updates about club events and news	YES/NO*

SECTION C – Transport

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:

10	I will transport my own child or take responsibility to ensure other adults can do so	YES/NO*
11	I am prepared to give lifts to players, parents or supporters for away games	YES/NO*
12	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*
13	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*

You can see the Club's Data Protection Statement online at: http://www.saffronwaldencricket.co.uk/data_protection_statement

Section D – Declaration

I have read and understood the Registration Form and explained it to my child. I have paid £45 by BACS to SWCC, sort code 20-74-05, account 50784125, giving my child's surname as reference. *If these costs present challenges for families PLEASE contact the chairman (david.barrs@live.com) in confidence. SWCC, as a registered charitable organisation, does not want the cost of playing cricket to be prohibitive.*

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

Name (in block capital please)

Signed Date.....
(child)

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

SECTION E – Disability *This section of the registration form is not held on computer and is not generally available within the Academy.*

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"/> |