



**Steeton Cricket Club**

**ANNUAL APPLICATION FOR JUNIOR CLUB MEMBERSHIP –  
SEASON 2012**

This application form is used to ensure that all correct contact details and relevant information about you is available to the club. Please read and keep the Notes and Information pages before completing this and the following page.

Please use **BLOCK CAPITALS**

**CHILDS NAME:** ..... **DATE OF BIRTH:** .....

**SCHOOL:** ..... **YEAR:** ..... **MALE**  **FEMALE**

**PARENT / CARERS NAME:** .....

**ADDRESS:** .....

**POST CODE:** ..... **E-MAIL ADDRESS:** .....

**HOME TEL NO:** ..... **MOBILE TEL NO:** .....

**ETHNICITY**

**A White**

- British
- Irish
- Any other white background (please specify)

**B Mixed**

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background (please specify)

**C Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please specify)

**D Black or Black British**

- Caribbean
- African
- Any other Black background (please specify)

**E Chinese or other ethnic group**

- Chinese
- Any other

The club would be grateful if you could complete the following sections regarding disability and medical information

**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 yourself to have a disability?    YES        NO**

If yes, what is the nature of your disability?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Visual impairment   | <input type="checkbox"/> Hearing impairment  | <input type="checkbox"/> Physical disability    |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Multiple disability | <input type="checkbox"/> Other (please specify) |

.....  
.....

**MEDICAL INFORMATION**

Do you have any conditions requiring medical treatment and / or medication?

YES        NO   

If yes, what is the nature of your disability?

.....

Do you have any allergies?

YES        NO   

If yes, please give details

.....

Do you have any special dietary requirements?

YES        NO   

If yes, please give details

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Please provide information about any other medical condition

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.....

**Please ask your parent or carer to sign below before it is returned**

I confirm to the best of my knowledge that my child / child in my care does not suffer from any medical condition other than those detailed above.

By returning this completed form, I agree to my child / child in my care taking part in the activities of the club and I understand that in the event of any injury or illness all reasonable steps to deal with that injury or illness appropriately will be taken and every effort made to contact me. I also consent to my child / child in my care receiving medical treatment which, in the opinion of a qualified Medical Practitioner, may be necessary.

**SIGNATURE:** .....    **DATE:** .....