

Steeton Cricket Club



JUNIOR MEMBER DATA COLLECTION SHEET 2015

CHILD'S NAME:	DATE O	F BIRTH:		
SCHOOL:				
SCHOOL YEAR:	GENDER	₹:		
PARENT / GUARDIAN NAME:	,			
ETHNICITY:				
ADDRESS:				
EMAIL ADDRESS:				
HOMETELEPHONE:	MOBILE	MOBILE:		
PARENT'S OCCUPATIONS:				
DISABILITY: Do you consider your child as having a disability? Yes / No				
IF YES, WHAT IS THE NATURE OF THE DISABILITY?				
MEDICAL INFORMATION: Does your child have any conditions requiring medical treatment / medication including allergies? Yes / No If yes give details:				
VOLUNTEERING / HELPING THECLUB: Steeton Cricket Club are keen to hear from members / parents who may wish to get involved in a voluntary capacity or have skills / services, which could aid the club's development. Please indicate below if you are willing and can help.				
Yes I am willing to help				
SKILLS / EXPERTISE: If yes, please indicexpertise you would be able to offer i.e. helemaintenance of the club / grounds, cleaning	ping coach juniors, v	work in the bar / kitc	chen,	
Membership options	Cost	Tick your paym	nent choice	
Junior Membership Individual playing membership	£30 per junior		Payment Received:	
Further siblings	plus £15 each			
Family package				
1 playing junior + up to 2 adults	£35 total		4	
2 playing juniors + up to 2 adults	£50 total		1	

For additional details regarding gift aid please refer to the website.



Steeton Cricket Club



Gift Aid declaration – for past, present & future donations Please treat as Gift Aid donations all qualifying gifts of money made				
today	in the past 4 years	in the future		

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

DECLARATION: I understand that this information will be treated confidentially and will only be provided to officials of Steeton Cricket Club. I confirm all the information above is true.

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.

SIGNED (PARENT):	DATE:
SIGNED (I AINENT).	DATE.

CHANGING FACILITIES AND TRANSPORTATION POLICY – I confirm I have read and understand this policy. I confirm I have legal responsibility for this child and am entitled to give consent.

CONSENT GIVEN: SIGNED BY PARENT

PERMISSION FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES POLICY I confirm I have read and understand this policy.

I give consent for my child to be photographed or videod under the stated conditions in the p;icy. I have legal parental responsibility for this child and am entitled to give this consent. I also confirm there are no restrictions related to taking photographs provided they are used appropriately.

I understand that if I do not permit my child to be photographed or videoed that it is my responsibility to ensure this is compiled with.

CONSENT GIVEN: SIGNED BY PARENT

SIGNED BY JUNIOR IF 12 YEARS OR OLDER