PLAYER PROFILE FORM

Please complete one form per family

|  |  |
| --- | --- |
| SURNAME |  |
| CHILDS NAME |  |
| DOB |  |
| SCHOOL ATTENDED |  |
| CHILDS NAME |  |
| DOB |  |
| SCHOOL ATTENDED |  |
| CHILDS NAME |  |
| DOB |  |
| SCHOOL ATTENDED |  |
| CHILDS NAME |  |
| DOB |  |
| SCHOOL ATTENDED |  |

**EMERGENCY CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME** | **MOBILE PHONE** | **RELATIONSHIP TO CHILD** |
| **1st** |  |  |  |
| **2nd** |  |  |  |
| **3rd** |  |  |  |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| DOCTORS NAME |  |
| **SURGERY ADDRESS** |  |
| **SURGERY PHONE No** |  |

|  |
| --- |
| **ANY KNOWN MEDICAL CONDITIONS, e.g. Asthma / Heart conditions / Allergies.** |

**In signing the form I [**name of parent/guardian**];……..........................................**

* Give my consent for a qualified first aider to administer first aid and/or seek medical help from emergency services, in the event of an injury, sickness or accident to the named player(s), during or in connection with any activity relating to Stand Cricket Club.
* Consider my child healthy enough to participate in team activities.
* Consent to my child travelling in another parents/guardians vehicle in accordance with the club transport policy.
* Have supplied emergency contact details of people who are authorised to make decisions in the best interests of the player and are immediately available.
* Understand that it is my responsibility to update the club should any of the emergency contacts change or the player(s) medical information changes.
* Agree to abide by the club code of conduct, the child protection policy, the equal opportunities policy and any other policy brought in by the club.
* Give my consent for my child to be photographed or filmed whilst participating in cricket activities at the club or at away matches / tournaments. Player photographs may be used in publications promoting Stand CC and may appear on its website. First names only will be used if identifying individuals.

**Signed ……………………………................................................... Date ...…………**

Parent/Guardian [1st Emergency Contact]

**Data protection.** The club will use the information provided on this form, as well as, other information it obtains about the player to administer his/her cricketing activity at the club, and in any activities in which he/she participates through the club, and to care for, and supervise, activities in which he/she is involved.

In some cases this may require the club to disclose the information to County Boards, leagues and to the ECB. In the event of a medical or child safeguarding issue arising, the club may disclose certain information to doctors or other medical specialists and/or to the police, children’s social care, the courts and/or probation officers and, potentially, to legal and other advisers involved in an investigation.

***As the person completing this form, you must ensure each person whose information you include in this form knows what will happen to their information and how it may be disclosed.***