THRIPLOW CC U16-U18 PLAYERS REGISTRATION FORM 2024 Please complete this form and email it to virginiathriplowsafeguarding@gmail.com				Office use only		
				Squad	Paid	
PLAYER FULL NAME				PLAYER Date of Birt	:h	
HOME ADDRESS				•		
Please include postcode						
Home Phone						
SCHOOL NAME			PLAYER MALE/	F/FEMALE:		
CARER'S CONTACT I	DETAILS					
Primary Carer name			Secondary Carer name			
Primary Carer Mobile			Secondary Carer Mobile			
Primary Carer email			Secondary Carer email			
EMERGENCY CONTACT DETAILS — Please provide an alternative contact in case of an incident/accident. Parents will always be the first point of contact, this person will only be contacted if we cannot get into contact with either parent.						
Contact name						
Contact number						
Relationship to child	d					
CURRENT MEDICAL INFORMATION - Please give us details of any important medical information that our coaches and managers should be aware of (e.g. epilepsy, asthma, diabetes, etc.)						
Does your child have	e any specifi	c dietary requests?	Yes / No			
Does your child suffe	er from any	allergies?		Yes / No		
Is your child currently taking any medication and if so, does he/she self-medicate? Yes / No						
Is your child allergic to Elastoplast or similar?				Yes / No		
May our coaches apply First Aid where necessary?				Yes / No		
Is there any other information that we might find helpful to be aware of in connection with your child(ren)? Yes / No						
Please give name an	d number o	f your doctor				
Tel No:						

CONSENT TO USE OF PERSONAL DATA, AND COUNTY AND CLUB GENERAL CONSENTS

We will process your and your child's personal data as set out in the Data Privacy Notice contained on page 8 of the 2024 member's booklet. Certain uses of the data may require your consent and so please could you signify your consent to each of the following uses of that data by ticking the relevant boxes with \checkmark (yes) or \checkmark (no) I agree that Thriplow Cricket Club ("the club") may: ☐ 1. Use medical information for the purposes of your child's health and safety, including sharing it with the club's coaches and other responsible adults for this purpose ☐ 2. Publish your child's name and scores and averages on the club's 'Playcricket' website and club website ☐ 3. Share your contact details with organisations forming part of the England Cricket Board governance structure for cricket so they can keep you informed about news, events and activities that will be occurring and in which you may be interested. ☐ 4. Publish photographs or video of your child taking part in club activities for promotional or coaching purposes. 5. Contact you in relation to fundraising activities and other events at the club ☐ 6. Display your email address in group emails to players or parents In addition to the above consents to use of personal data: ☐ I agree to the above child taking part in activities of Thriplow Cricket Club and any matches the club takes part in ☐ My child and I have read the club rules and the club code of conduct and agree to be bound by their conditions and any other established by the club committee. SIGN and date (parent or carer) ☐ I have read the club rules and the club code of conduct and agree to be bound by their conditions and any other established by the club committee. SIGN and date (player)