



Middlesex Cricket - Registration and Consent Form (Disability)

Confidentiality:

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child whilst engaged with Middlesex Cricket.

Name of Player:			
Address:			
Date of Birth:			
Gender:			
Ethnicity:			
Club:			
Day time Tel No:		Mobile Tel No:	
Email address:			
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to Player:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Medical information:			
Any specific medical conditions requiring medical treatment?	Yes - Please give details:		No
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?	Yes - Please give details:		No
Any allergies?	Yes - Please give details:		No
Details of any dietary requirements?	Yes - Please give details:		No

Consent / Declaration information: please tick the boxes below:	
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, Middlesex Cricket may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.	
<input type="checkbox"/> I confirm that I have read, or been made aware of, the organisation's policies concerning:	
<input type="checkbox"/> Safeguarding <input type="checkbox"/> Codes for conduct for parents, coaches / managers, & players <input type="checkbox"/> Transport policy <input type="checkbox"/> Changing room policy <input type="checkbox"/> Photography, imagery, videoing, texting and use of social media policies	
<input type="checkbox"/> I understand that I must wear a suitable helmet when batting, standing up to the stumps when keeping wicket or fielding in certain positions, along with other required safety protection relevant to the role.	
Signature of player:	
Print name Player:	
Date:	

Middlesex Cricket will use the information provided to register the individual for the selected course(s), programme (s) or event(s). This includes verifying eligibility to attend and adding the information to our records. Full details of how personal data is used and protected are described in our Privacy Policy available on the website.

By signing I confirm that I have read, understood and accept the requirements detailed above & Privacy Policy.

Please return this form to Andy Hill at andy.hill@middlesexccc.com or in person.

Please ensure that if any changes / updates are required during the season that you contact Andy Hill immediately.