



# WEST END ESHER CC COLTS SECTION application/renewal subscriptions 2017

This form should be completed by the Parent or Legal Guardian of every player under the age of 18 joining West End Esher Cricket Club. Please ensure all details are correct.

**Data Protection:** The Club will use the information provided in this form (together with other information it obtains about the player) (hereinafter called "information") 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 the England and Wales Cricket Board. In the event of a medical issue or child protection issue arising, the Club may disclose certain information to doctors or other medical specialists and/or to 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 that each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

## **SECTION 1** Please complete and return to the club

### **PERSONAL DETAILS OF THE JUNIOR PLAYER AND THEIR PARENT/LEGAL GUARDIAN**

Full name of Child:

Date of Birth:

Gender:    
(select as appropriate)

Name of Parent or Legal Guardian:

Home Address:

Home Phone:

Mobile Phone:

Email:

**SECTION 2** Please complete and return to the club

**EMERGENCY CONTACT DETAILS OF ANOTHER ADULT TO CONTACT IN CASE OF EMERGENCY**

Name of Contact:

Relationship to Child:

Home Phone:

Mobile Phone:

Email:

Please ensure this person is aware that their details have been provided as a contact for the club

**SECTION 3** Please complete and return to the club

**DISABILITIES AND MEDICAL INFORMATION**

**Do you consider your child to have a disability?**  
(select as appropriate)

Yes	No
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**If 'Yes' what is the nature of the disability?**  
(select as appropriate)

Visual	Speec h	Heari ng	Learn ing	Physi cal	Other
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**If 'Other' please specify and give any details as appropriate:**

  

**DOCTOR/GP INFORMATION**

Full name of Child:

Doctor's Name:

Surgery Name:

Surgery Address:

Post Code:

Surgery Phone:

**MEDICATIONS AND ANY OTHER INFORMATION**

Does your child take any regular medication?  
(select as appropriate)

Yes	No
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Name of Medication:

Dose Frequency:

Any Other Notes or Information:

If you are bringing any medication, including inhalers on to the WEECC sites please ensure it is clearly labelled with the child's full name. Coaches and Officers of the club do not undertake to administer any medications. These are the sole responsibility of the parent or legal guardian of the child concerned.

**SECTION 4 Please complete and return to the club**

**SPORTING INFORMATION**

Has your child played cricket before?  
(select as appropriate)

Yes	No
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If 'Yes' please indicate where:  
(select as appropriate)

Primary School	Junior School	Cricket Club	Local Authority	County
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If 'Cricket Club' or 'Other' please specify and give details:


## **SECTION 5** Please complete and return to the club

### **CONSENT STATEMENT FROM PARENT/LEGAL GUARDIAN**

**Legal authority to provide consent:**

I confirm that I have legal responsibility for (Name of Child):

I confirm that to the best of my knowledge, all the information on this form is accurate and I undertake to advise the Club of any changes to this information. I have read and understood the WEECC terms and conditions a copy of which is available on request or on-line at [www.weecc.co.uk](http://www.weecc.co.uk)

**Signed:**  
(Parent/Legal Guardian)

**Date:**

dd	mm	yyyy
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