



FERRY FORFS

Junior Player Registration Form



Full Name:		Date of Birth:	
Address:		Post Code:	
Email Address(es):			
School Attended:			
Parent/Guardian Occupation(s):			

In case of emergency, please provide two points of contact:

	Name	Home No.	Mobile No.	Relationship
1				
2				

Details of any pertinent medical conditions that affect your child:

Details of any medications carried/used by your child:

Do you agree that an official of Ferry Forfs / Forfarshire Cricket Club may make such emergency decisions as necessary with regard to the treatment of any medical condition or injury received during any activity until such time that you can be contacted.	Yes / No				
Do you agree that an official of Ferry Forfs / Forfarshire Cricket Club may sign any medical document(s) necessary for the emergency treatment of your child should the need arise and you cannot be contacted. (e.g. for the administration of an anaesthetic)	Yes / No				
Print Name:		Signed:		Date:	

Ferry Forfs / Forfarshire Cricket Club - Codes of Conduct:

A paper copy is available from the "Downloads" section of the Forfarshire club web site.

As the parent/guardian please read through the code of conduct standards set out and sign below to confirm that you agree with what has been stated.

- I agree to the code of conduct that has been set out by Forfarshire Cricket Club. I understand the procedures and outcomes involved and I am in agreement that these are to be carried out. My son/daughter must agree to abide by the rules set out by Forfarshire Cricket Club and we are aware that a breach of this code will incur the appropriate action.

Signature of Parent _____

Signature of Child _____

Yes / No

N.B. Your child cannot be selected for Ferry Forfs teams until this form has been completed and returned to a club official.

Driver Disclaimer

Do you give consent for your child to be selected for, and to travel to, away fixtures?

- I understand that I may be asked, on occasions, to help with the transportation of the Kwik Cricket and/or the junior teams of Forfarshire Cricket Club (Ferry Forfs).
- When undertaking such transportation, I will hold a full Driving Licence, my car will be road legal and I will hold a Certificate of Motor Insurance in respect of such transportation. I will see that seat belts are worn as necessary by law and confirm that I am fully legally fit to drive.
- When undertaking such transportation, I will fully endeavour to do so in line with the guidelines set out in the code of conduct (copy available on the website).

In accordance with the Child Protection (Scotland) Act 2003 (copy available on the website) I / We are not a person/persons to whom the disqualified from working with children list would be relevant to.

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

Yes / No

N.B. Your child cannot be selected for away fixtures until this form has been completed and returned to a club official.

Photography & Video Analysis

There may be occasions when photographs will be taken for local papers or club website, e.g. a squad photograph, or video analysis of players used for coaching purposes. Do you consent to your child appearing in these photographs and/or videos?

Yes / No

Child Protection

I am aware that the Ferry Forfs / Forfarshire Cricket Club has a designated Child Protection Officer and that a Child Protection Policy is available on the club's website.

Yes / No

Data Protection

I understand that the information provided will be kept for sole use by the Ferry Forfs / Forfarshire Cricket Club and Forthill Community Sports Club and that its use will comply with the Data Protection Act.

Yes / No

Open age team selection (ONLY applicable to children at least 12 years of age on 31st August last year)

Do you give consent for your child to be selected for one of Forfarshire Cricket Club's senior teams?

Yes / No / n/a

Print Name:		Signed:		Date:	
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<i>Administrative Use Only:</i>		Season	Weekly		
Subscription/session payment method					
Received on behalf of Ferry Forfs / Forfarshire Cricket Club by:					
Print Name:		Signed:		Date:	