



# The Liverpool Cricket Club Ltd

## Junior (Aged 12 - 18) Membership Registration Form

*Membership is open to all applicants regardless of age, ability, disability, gender, race, ethnicity, sexuality, nationality, religious belief or social/economic status*

### To be completed by parent/carer and returned to Liverpool Cricket Club Office

*In line with GDPR regulations (2018) by signing and completing this application form you agree to your personal data being stored on our database. Should your membership lapse, your data will be stored for a period of 12 months and then deleted.*

**Applicant's Name** ..... **Phone** .....

**DoB** ..... **School** ..... **Year** .....

**Name of Parent/Carer** ..... **Phone** .....

**Address** .....

**Post code** ..... **Emergency Contact Number(s)** .....

**email** .....

If your son/daughter has any medical condition, please give details below. If not, please write NONE

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**Ethnicity**

<input type="checkbox"/>	White ( <i>British, Irish any other White background</i> )
<input type="checkbox"/>	Mixed ( <i>White &amp; Black Caribbean, White &amp; Black African, White &amp; Asian, any other mixed background</i> )
<input type="checkbox"/>	Asian or Asian British ( <i>Indian, Pakistani, Bangladeshi, any other Asian background</i> )
<input type="checkbox"/>	Black or British Black ( <i>Caribbean, African, any other Black background</i> )
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Other

**Declaration:** I consider my child to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, if my child is injured, I give my permission for the team managers/coaches to obtain emergency medical treatment on my behalf for my child. I also consent to my child travelling to venues for matches and training by transport provided by the club which may include travelling in other players' private cars.

I enclose £50 as payment for Annual Junior membership of Liverpool Cricket Club

Signature of Parent/Carer: ..... Date: .....

**Please read and complete the reverse regarding your son/daughter being photographed**

**Proposed by:** ..... **Signature:** .....

**Seconded by:** ..... **Signature:** .....

Please indicate your **main** sport:

Bowls	Cricket	Lacrosse	Rugby	Squash	Tennis
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*(This information is required by Sport England when making grant applications)*

# The Liverpool Cricket Club Ltd



## PARENTAL/CARER AND YOUNG PERSON PERMISSION FORM FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES

This form is to be signed by both the legal guardian of a child or young person under the age of 18 and the child or young person. The Liverpool Cricket Club Ltd recognises the need to ensure the welfare and safety of all young people in sport. As part of our commitment to ensure the safety of young people we will not permit photographs or video images of young people to be taken or used without the consent of both the Legal Guardian and the young person. All sections will follow the guidance for the use of images of young people as detailed by their own national governing bodies.

The Liverpool Cricket Club Ltd will take steps to ensure these images are used solely for the purposes for which they are intended, which is the promotion and celebration of activities of the young players along with their use as a training/coaching tool.

If you become aware that these images are being used inappropriately, you should inform the section's welfare officer immediately.

If at any time a legal guardian or young person wishes the data to be removed from the website, seven days' notice must be given to the section after which the data will be removed.

### Parental/Carer and Young Person Permission Form for the Use of Photographs and Recorded Images

I ..... do not/give consent for .....  
(Parent/Carer Full Name) (Child Name)

to be photographed/videoed by his/her Sport Section Leader under the rules and conditions stated. I confirm that I have legal parental responsibility for this child and am entitled to give this consent and that that there are no restrictions related to taking photographs.

Signature ..... Date .....

I understand that if I do not permit my child to be photographed or videoed then it is my responsibility to ensure that this is complied with.

### To be completed by Young Person (if 12 years or older)

I ..... consent to being photographed or videoed by the Sports  
(Full name)  
Section Leader showing my involvement in the Sporting activity under the stated rules and conditions.

Signature ..... Date .....

### Office Use Only:

Membership No:	Membership card issued:	Membership Expiry Date:	Payment Details	Marketing Code
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