



Please write clearly when completing this form so that our contact lists and records are accurate

Junior Club Membership Form 2018
BICESTER & NORTH OXFORD CC

We are pleased to welcome you to Bicester & North Oxford Cricket Club

To ensure that we have the correct contact details for you, please insert the information requested below and return this form with your payment to Youth Admin – Ann Cummings, at youth training on a Wednesday evening

Please make cheques payable to: B.N.O.C.C.

If you are under 16 please also ask your parents or guardian to sign this form before it is returned.

We will also use this information to ensure that you are kept informed about club events.

PERSONAL DETAILS (PLEASE ENTER IN BLOCK CAPITALS)

Player Name:
Address:
Postcode: Home Tel Number:
School:
Date Of Birth: Age: Current School Year (please circle) 1 2 3 4 5 6 7 8 9 10 11 12

Email 1: Mobile 1:
Email 2: Mobile 2:

Gender: Male Female

SPORTS EQUITY MONITORING

Whilst it is not compulsory that this section is completed the following paragraph explains why it is important. Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability.

ETHNICITY

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group/origin: Choose one section from A to E and then tick the appropriate box.

A White
British Irish
Any other white background (please specify)

B Mixed
White & Black Caribbean White & Black African White & Asian
Any other mixed background (please specify):

C Asian or Asian British
Indian Pakistani Bangladeshi
Any other Asian background (please specify)

D Black or Black British
Caribbean African
Any other Black background (please specify):

E Chinese or other ethnic group
Chinese
Any other (please specify):



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DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disabilities
- other (please specify):

SPORTING INFORMATION

Have you played CRICKET before? Yes No

If yes, where have you played the sport: (please indicate below)

- Primary school
- Club
- Secondary school
- County
- Local authority coaching session (s)
- Other (please specify):

MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

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PHOTO PERMISSION

Please tick this box to give your permission for BNOCC to use photographs of your child(ren) taken at BNOCC training and matches for publicity purposes only, e.g. in the clubhouse or on the club website. **Legally we cannot do this without your permission so please tick this box, you may withdraw permission at any time by informing BNOCC in writing.**

PLAYING SHIRT (please circle required size)

Small Youth Medium Youth Large Youth Small Mens Medium Mens Large Mens

EMERGENCY CONTACT DETAILS to be completed by parent/carer

Please add the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name (e.g. parent/carer): _____

Emergency contact number: _____

Relationship: _____

Contact name (e.g. parent/carer): _____

Emergency contact number: _____

Relationship: _____

PARENT/CARER UNDERTAKING

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details.

I have read the club's Policies and Guidelines that relate to Youth Cricket and/or I am aware that I can access them at www.bnocc.com or on request at the club.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/carer _____ Name of parent/carer _____

Signature of parent/carer _____ Signature of parent/carer _____

Date _____ Date _____