**Consent statement from parent/legal guardian**

Please tick each box where you agree (or delete if you do not agree)

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Legal authority to provide consent:

I confirm I have legal responsibility for (name of child) and am entitled to give this consent

I confirm to the best of my knowledge, all information provided to the club is accurate, and I will undertake to advise the club of any changes to this information

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Medical consent: I give my consent that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency 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 an occurrence all reasonable steps will be taken to contact me or the alternative adult for which I have provided to the club (**Please complete over**)

I confirm to the best of my knowledge, my child/the child in my care does not suffer from any medical condition/disability other than those informed to the Team Mangers/Junior Chair and I have informed the club of these conditions (**see over**)

**OR**

I confirm to the best of my knowledge, my child/the child in my care does not suffer from any medical condition/disability

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Consent to participate: I agree to the child named above taking part in the activities of the club. (This consent only relates to JUNIOR cricket.)

Consent to participate in Adult (Open age) cricket: I agree to My child participating in open cricket only if they are over 12 years old (or over 11 years if they play county cricket)- OTHERWISE LEAVE THIS BOX UNTICKED

I confirm I have read, or been made aware of, the club’s policies concerning (also available on Hadleigh cricket club website where they may be updated):

changing / showering transport of children photography / video anti bullying and the code of conduct

playing in adult matches

I understand and agree to the responsibilities which I and my child have in connection with these policies

I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography/video policy. [NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE]

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Signed (parent/legal guardian): Date of signing:

Printed name of parent/legal guardian who has completed this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent from child in connection with club photography/video policy**

(For players aged 12 – 18) Please indicate if you DO or DO NOT agree with the statement below:

I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography/video policy. [NOTE: LEAVE THIS BOX UNTICKED IF YOU DO NOT AGREE]

Signed (child if 12 years or older): Date of signing:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/disability form- CONFIDENTIAL**

This information will only be available to managers and coaches at Hadleigh Cricket Club to ensure that we have a safe environment for all players.

**Medical information:**

Please detail below, any important medical information that our coaches/junior chair need to know. Such as: allergies; medical conditions (for example - epilepsy, asthma, and so on); current medication; special dietary requirements, any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us. It is your responsibility to update us with any changes.

**Disability:** The Equality Act 2010 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’.

If you consider this child to have an impairment please fill in this form.

What is the nature of their disability:

Visual impairment Hearing impairment Physical disability Learning disability

Multiple disability

Other (please specify) or give further details

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**ALL to complete:**

**Emergency contact details:**

Name: Number:

Relationship:

Name: Number:

Relationship: