

## **Carrickfergus Cricket Club Registration & Consent Form**



Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

Child's Full Name:				
Address:				
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Home Tel:	DOB:		Age:	
School:				
Emergency Contact 1:				
Emergency Contact 2:				
Emergency Contact 3: Relation to Child:				
Name of GP: Tel:				
Child's Medical Number:				
Details of any known allergies, conditions, medication being taken:				
Any other special needs or requirements:				
I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practioner to provide emergency treatment or medication. In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practioner to provide emergency treatment or medication.				
I am aware that the Club has adopted a Child Safeguarding Policy which can be accessed through the NCU website (or printed copies are available if required)				
Parental Declaration			Tick (/)	
I am aware that the Club has implemented a Child Protection Policy which is designed to protect my child and all others who join the Club.				
I am aware of the codes of conduct that are expected by the Club.				
I give my consent for my child to be photographed or videoed in line with the Club's policy on photographing or videoing.				
I am aware that the Club will maintain basic records of my child to monitor progress as he moves through the various age group teams.				
I give my consent to be added to the Club's Whatsapp group chat for Youth Cricket, to receive communication relating to Youth Practice, Matches and Other Events				

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for the above.		I have received a copy of the players code of conduct and agree to abide by it.	
Signature:	Parent/Guardian	Signature:	Player
Print Name:		Print Name:	
Date:		Date:	

## Please return this form as soon as possible

## **Definition of Parental Consent in Northern Ireland**

- \*Parental consent is defined by the Children (NI) Order 1995 Article 6
  - (i) Natural mother always has parental responsibility.
    - (ii) Natural father gains parental responsibility;
- (iii) If married to the mother at the Vme of birth or subsequently marries her through an agreement witnessed by solicitor or a Parental responsibility Order Post 15 April 2002 if they jointly register the baby's birth.