**Template Junior Club Membership Form**

***Name of club***

We are very pleased to welcome you to the ***NAME OF CLUB***.

To ensure we have the correct contact details for you, please fill out this form and give it back to ***NAME OF JUNIOR CLUB COORDINATOR***.

All those under 18 years of age, must ask their parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Dear Parent/Carer

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 or young person.

|  |  |
| --- | --- |
| **Child/ Young Person’s Full Name:** |  |
| **Address:** |  |
|  |
|  |
| **Home Tel No:** |  |
| **Age:** |  | **Date of Birth:** |  |
| **Gender:** | [ ]  Male [ ]  Female |
| **Name of any friend/relative already attending the club** |  |
| **Emergency contact name:** |  |
| **Emergency Tel No** | **Home:** |
| **Mobile:** |
| **If unavailable contact** | **Name:** |
| **Tel:** |
| **Relationship to child:** |
| **GP/Doctor’s Name:** |  |
| **GP/Doctor’s Tel No:** |  |
| **Details of any known special dietary requirement/allergies/medical conditions** |  |
| **Any other special needs,** **Requirements or directions that would be helpful for the coaches to know about** |  |

*The contact details given should those of the parent/carer and if clubs believe they need the contact details of any young person they should make that explicate and clarify the reasoning behind wanting direct communication with young people. Parents’ mobile should still be sought in this case as they need to be informed of any change of plans as well as the young person.*

PARENT/CARER STATEMENT

I will inform the coaches/designated safeguarding children officer 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 practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**I have been made aware that *NAME OF SPORT/CLUB* have developed a Safeguarding policy and they are commitment to ensuring the safety of my child by having:**

* A Coach’s Code of Conduct
* Clear Recruitment Policy which includes vetting all coaches and volunteers
* A Transport Policy
* A Photography Policy
* An Anti-bulling Policy
* Disciplinary Procedures
* A designated safeguarding children officer
* Guidelines on Confidentiality

The ***NAME OF CLUB*** is committed to ensuring that any information gathered in relation to our youth teams meets the specific responsibilities as set out in the Data Protection Act 1998.

The ***NAME OF CLUB*** coach/development officer will store the above information on their youth team’s data base for a maximum of 12 months before re-registering the athlete/player if still associated with the club.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent\* for my child to participate in and travel to all activities. 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 understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

|  |
| --- |
| **Signature of Child/ young person Date** |
| **Signature of Parent/Guardian Date** |
| **Print Name Parent/Guardian** |

**Please return this form to the relevant Coach or Manager of your age group**

Parental consent is defined by the children (NI) Order 1995 Article 6 (i) Natural mother always has parental responsibility.

Natural father gains parental responsibility:

* If married to the mother at the time 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

(This consent form will remain valid for one year)

**Whilst it is not compulsory that the following section is completed the footnote at the end of this template explains why it is important.**

Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

|  |  |
| --- | --- |
| White ⬜ British ⬜ Irish ⬜ Any other white background (please specify)  Mixed ⬜White and Black Caribbean ⬜White and Asian ⬜White and Black African ⬜Any other mixed background (please specify) Chinese or other ethnic group ⬜Chinese ⬜ Any other (please specify)  | Asian or Asian British ⬜ Indian ⬜ Pakistani ⬜ Bangladeshi ⬜ Any other Asian background (please specify) Black or Black British ⬜Caribbean ⬜ African ⬜ Any other Black background (please specify)  |

DIsability

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial 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 disability ⬜

Other (please specify):

Sporting information

Have you played **NAME OF SPORT** before? Yes ⬜ No ⬜

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

Primary school ⬜

Secondary school ⬜

Local authority coaching session(s) ⬜

Club ⬜

County ⬜

Other (please specify):