


Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information to meet the specific needs of your child.


Personal information – child / young person/ adult				
Name				
Address				
Date of birth				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
Are there any activities in which your child can not participate?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>		
Do you need any arrangements put in place to manage any specific requirements for your child's religious beliefs?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>		

Personal information – parent / carer	
Name	
Contact number(s)	
Email	

Emergency contact information			
Name of alternative adult to contact in an emergency		Relationship to child / young person	
Contact number(s) of alternative adult			

Medical information		
Are there any specific medical conditions requiring medical treatment?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>
Details of medication required (e.g. pills, inhaler)		
Are there any other medical conditions or disabilities to be aware of?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>
Do they have any allergies?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>
Are there any dietary requirements (including vegan / vegetarian)?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>

I confirm my registration – child / young person	
Signature	
Print name	
Today's date	

Declaration of consent – parent / carer	
Please tick the boxes below and then sign this form.	
<input type="checkbox"/>	I give my consent that if an emergency medical situation arises, the organisation / club may act <i>in loco parentis</i> for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken.
<input type="checkbox"/>	I confirm that I have read, or been made aware of, the organisation's: <ul style="list-style-type: none"> • codes of conduct for parents, coaches, and children • transport policy • changing-room policy • policies on photography, videoing, texting and use of social media.
<input type="checkbox"/>	I confirm that my child is aware of the Sacramento Shockers Cricket Association Corp (SSCA Corp) code of conduct for children and its anti-bullying policy.
<input type="checkbox"/>	I confirm that I am happy for my child is to take part in Cricket Sport activity.
Signature	
Print name	
Today's date	

Photography and filming consent form

In accordance with our safeguarding policy, we will not knowingly permit direct photographs, video or other images of young people to be taken without consent*. If the child is under 16, consent must be obtained from a parent / carer. *Due to the nature of the sport, young people may be indirectly being in the shot of a photo or video/livestream of an event.

Sacramento Shockers Cricket Association Corp (SSCA Corp) will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately.

Name of child		Age	
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Declaration of consent – parent / carer of child under 16

Please tick each box (or strike out what you do not consent to), then sign this form.

- ☐ I give permission for my child's photograph to be used within the associations for display purposes.
- ☐ I give permission for my child's photograph to be used within other printed publications.
- ☐ I give permission for my child's photograph to be used on the association's website.
- ☐ I give permission for my child's photograph to be used on the club's social media channels.
- ☐ I give permission for video of my child to be used on the association's website.
- ☐ I give permission for video of my child to be used on the association's social media channels
- ☐ I give permission for video of my child to be used for training or analysis purposes and that the association may retaining the images indefinitely for future use.
- ☐ I confirm that I have read, or been made aware of, how these images or videos will be stored within the organisation.

Signature		Today's date	
Print name			

Declaration of consent – child aged 16 or over

Please tick each box (or strike out what you do not consent to), then sign this form.

- ☐ I give permission for my photograph to be used within the association's for display purposes.
- ☐ I give permission for my photograph to be used within other printed publications.
- ☐ I give permission for my photograph to be used on the association's website.
- ☐ I give permission for my photograph to be used on the association's social media channels.
- ☐ I give permission for video of me to be used on the association's website.
- ☐ I give permission for video of me to be used on the association's social media pages.
- ☐ I give permission for video of me to be used for training or analysis purposes and that the association may retaining the images indefinitely for future use.
- ☐ I confirm that I have read, or been made aware of, how these images or videos will be stored within the organisation.

Signature		Today's date	
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