

# 11 Player Profile Form

Taken from Clubmark - Template 5

## ECB Player Profile

- To ensure that we have the correct contact details for Players, please insert the information requested below and return this form to \_\_\_\_\_
- If you are under 18 please also ask your Parents or Guardian to sign this form before it is returned.

Name	
Address	
Postcode	
Home Telephone Number	
Date of Birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Ethnicity</b>	
<b>A White</b>	
<input type="checkbox"/> British <input type="checkbox"/> Irish	
<input type="checkbox"/> Any other white background (please specify):	
<b>B Mixed</b>	
<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African	
<input type="checkbox"/> White & Asian	
<input type="checkbox"/> Any other mixed background (please specify):	
<b>C Asian or Asian British</b>	
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Any other Asian background (please specify):	
<b>D Black or Black British</b>	
<input type="checkbox"/> Caribbean <input type="checkbox"/> African	
<input type="checkbox"/> Any other Black background (please specify):	
<b>E Chinese or other ethnic group</b>	
<input type="checkbox"/> Chinese	
<input type="checkbox"/> Any other (please specify):	
<b>Disability</b>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the nature of your disability?	
<input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment	
<input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability	
<input type="checkbox"/> Multiple disability <input type="checkbox"/> Other (please specify):	

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### Sporting information

Have you played Cricket 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):

### Medical information

Please detail below any important medical information that our Coaches must be aware of (e.g. epilepsy, asthma, diabetes, etc.)

### Emergency contact details

To be completed by Parent/Carer

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

Contact name (e.g. Parent/Carer)	
Emergency contact number	

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 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:	
Signature of Parent/Carer:	
Date:	