

**NORTHWEST KILMARNOCK BOWLING CLUB (NWKBC)**  
**JUNIOR MEMBERSHIP APPLICATION AND CONSENT FORM 2024**

(for players under the age of 18)

This form is to be completed by the parent, or legal guardian of any player under the age of 18. In Scotland anyone under the age of 18 is classified as a child. Once completed, the form should be returned to the Club Secretary - [shiree.nwkbc@gmail.com](mailto:shiree.nwkbc@gmail.com) with a copy to [bob.nwkbc@gmail.com](mailto:bob.nwkbc@gmail.com) -, where it will be processed and a copy returned to you with all our SAFEGUARDING and Privacy Notice documentation in electronic format. Please read the NOTE at the end of this form before completing it.

SECTION 1: PERSONAL DETAILS OF YOUNG PLAYER	
Name	Age and Date of birth
Home address	Post code

SECTION 2: PERSONAL DETAILS FOR PARENT/LEGAL GUARDIANS OF YOUNG PLAYER		
Name	Home address (if different)	Post code (if different)
Email address:		
Home telephone number for parent/legal guardian:		
Mobile telephone number for parent/legal guardian:		

SECTION 3: EMERGENCY CONTACT DETAILS		
Can we use the above details as a contact in an emergency? If not, please provide the contact details of an alternative adult below.		
As the person completing this form, you must ensure each person whose information you include in this form knows what will happen to their information and how it may be disclosed.		
Name of an alternative adult who can be contacted in an emergency.	Phone number for alternative named adult	Relationship which this person has to the child (for example, aunt, neighbour, family friend and so on)

**SECTION 4: DISABILITY**

We will use this information for statistical purposes as well as to establish if there are any additional needs / support / adjustments that your child may require, please discuss this with us.

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'.

Does your child have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more? Please indicate Yes or No

Does this disability or illness affect your child in any of the following areas? Please indicate relevant conditions.

Yes or No Vision impairment.

Yes or No Hearing impairment.

Yes or No Mobility impairment.

Yes or No Dexterity impairment.

Yes or No Learning impairment.

Yes or No Memory impairment.

Yes or No Mental Health impairment.

Yes or No Stamina, Breathing or Fatigue impairment.

Yes or No Developmental impairment.

Yes or No Has other type of impairment, please provide more details to Secretary

**SECTION 5: MEDICAL INFORMATION**

Please submit to the Secretary by letter or email any important medical information that our coaches/junior co-ordinator need to know, and which would be affected by your child's participation in bowling activities. Such as: allergies; medical conditions (for example - epilepsy, asthma, and so on); current medication (including EpiPen if relevant); special dietary requirements, any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us. Please ensure that your child always has emergency medical equipment with them e.g., EpiPen

Name of doctor/surgery name and telephone number

Medical consent:

I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the club activity. Please indicate Yes or No

Not providing consent will not affect your child's membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.

**SECTION 6: PARENT/LEGAL GUARDIAN PARTICIPATION AGREEMENT:**

I agree to the child named above taking part in the activities of the club. Please indicate Yes or No.

Please indicate Yes or No that you confirm you have read, or have been made aware of, the club's policies and procedures, which are on our website [www.northwestkilmarnockbowlingclub.co.uk](http://www.northwestkilmarnockbowlingclub.co.uk) - youth/junior section tab and under SAFEGUARDING and kept in a folder in the clubhouse, which can be accessed on request to any committee member, and which includes:

Changing rooms

Missing children

Transporting children

Playing in open age (senior) matches

Photography / video Managing children	Anti bullying and the code of conduct Social media, text and email
I understand and agree to the responsibilities which I and my child have regarding these policies. Please indicate Yes or No	
I confirm that I have been given details of any home and away fixtures in which my child may participate. Please indicate Yes or No	

<b>SECTION 7: CLUB PHOTOGRAPHY/VIDEO CONSENT</b>
I consent to the club photographing or videoing my child's involvement in bowling in line with the club photography/video policy. Please indicate Yes or No
If you do not wish to give consent for this, please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your child's membership of the club.

<b>SECTION 8: PRIVACY STATEMENT</b>
NWKBC take the protection of the data that we hold about your child as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.
Please read the full Junior privacy notice which is available on our website <a href="http://www.northwestkilmarnockbowlingclub.co.uk">www.northwestkilmarnockbowlingclub.co.uk</a> - under youth/junior tab SAFEGUARDING carefully to see how the Club will treat the personal information that you provide to us.

<b>SECTION 9 CLUB USE</b>
Form received by Secretary and fee paid and passed to Treasurer.
Name. <span style="float: right;">Date</span>
SAFEGUARDING Policies and Procedures sent to Parent or Guardian
Name. <span style="float: right;">Date</span>

<b>SECTION 10 PARENT/GUARDIAN AGREEMENT</b>
By returning this completed form, I confirm that I have legal responsibility of my child and that I have read and understood the permission statements on this membership form and our Junior Privacy Notice.
Date : <span style="float: right;">Signature:</span>

NOTE: If you are submitting this form electronically – [shiree.nwkbc@gmail.com](mailto:shiree.nwkbc@gmail.com) with a copy to [bob.nwkbc@gmail.com](mailto:bob.nwkbc@gmail.com) - please delete the relevant Yes or No responses – receipt electronically will be construed that your typed name at “signature” above is confirmation of submission and confirmation. If submitting in hard copy, please strike through the Yes or No that does not apply to your answer – so if you want to indicate Yes strike through the No. Please post to The Secretary, Northwest Kilmarnock Bowling Club, 2 Wardneuk Drive, Kilmarnock KA3 2EE or hand in at the Club. Online payments should be to NORTHWEST KILM Account 10451167 Sort code 80-08-53 please reference junior and name of child or pay at the club.