

SANDY CRICKET CLUB - SENIOR APPLICATION FORM

PERSONAL DETAILS OF Player Over the age of 18		
Name	Date of birth :	
Home address		
Mobile No.:	Alternative Contact no.:	
Email address:		
EMERGENCY CONTACT DETAILS		
<i>The details provided above will be used as a contact in an emergency BUT please provide details for a secondary emergency contact - please ensure the person whose information is given is aware.</i>		
Name	Phone numbers	Relationship to you
MEDICAL INFORMATION/DISABILITY		
<i>We will use this information to establish if there are any additional needs / support / adjustments that your child may require, please discuss this with us.</i>		
Please detail below any important medical information that our coaches/junior co-ordinator need to know and which would be affected by your child's participation in cricket activities. For example: allergies; medical conditions (epilepsy, asthma, and so on); current medication; any additional needs. <u>Please indicate if you would like to discuss this privately with us.</u>		
Doctors Telephone No.:	Name of Dr / Surgery :	
<input type="checkbox"/> I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the cricket club activity. <small>(Not providing consent will not affect your 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.)</small>		
PLAYER PARTICIPATION AGREEMENT:		
<input type="checkbox"/> I confirm I have read, or have been made aware of, the clubs policies. <small>(Club Policies can be found in full on www.sandycricketclub.co.uk)</small>		
<input type="checkbox"/> I consent to the club photographing or videoing my involvement in cricket in line with the club photography/video policy. <small>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.</small>		
<input type="checkbox"/> I understand and agree to the responsibilities which I have regarding these policies and the conduct expected and required in practice or match sessions.		
<input type="checkbox"/> Please tick if you would be willing to assist on match days or at practice sessions.		
<input type="checkbox"/> I also confirm I understand that my details will be used for the purpose of club communications.		
PLAYER PREFERRED COMMUNICATION METHOD (please tick all communication methods that you would be agreeable to)		
<input type="checkbox"/> Email <input type="checkbox"/> WhatsApp group <input type="checkbox"/> Text <input type="checkbox"/> Facebook		
<input type="checkbox"/> Other - please state		
<input type="checkbox"/> I confirm I understand that my details will be used for the purpose of club communications.		
<i>Please note, Text message will be the preferred method for Match Fixtures. Your preferred method may not always be used. By advising your details you will be consenting to Sandy Cricket Club releasing your details to those that require them for communications purposes, in-line with the clubs GDPR policy.</i>		
By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the privacy notice.		
Signature:		Date: