**SANDY CRICKET CLUB SENIOR MEMBERSHIP APPLICATION FORM 2023**

This form is designed to be completed by a player over the age of 18. If you are under 18, please use the Club’s Junior Membership Application Form instead.

As the person completing or receiving this form, you must ensure each person whose information you include in this form knows what will happen to their information and to whom it may be disclosed. Details are set out in the Privacy Notice accompanying this form.

**Once completed, the form should be returned to Kirstie Stevenson at the Club along with the relevant membership fee. (£40 for seniors, £25 for students (proof required), £10 for walking cricket)**

The Club uses the ECB’s Play-Cricket system to store data. Data from this form may, therefore, be entered onto that system.

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| **SECTION 1 (MANDATORY): PERSONAL DETAILS OF PLAYER / OFFICIAL** | | |
| Name |  | |
| Home address |  | |
| Post code |  | |
| Date of birth | (Day) …………….. (Month) ……………… (Year) ……………………. | |
| Email address: |  | |
| Home telephone number |  | |
| Mobile telephone number |  | |
| **SECTION 2 (MANDATORY): EMERGENCY CONTACT DETAILS** | | |
| Name of an adult who can be contacted in an emergency. | Phone number of named adult | Relationship which this person has with you |
| **SECTION 3 (OPTIONAL): MEDICAL INFORMATION** | | |
| Please detail below any important medical information that our club volunteers need to know and which would be affected by your participation in cricket activities. Such as: allergies; medical conditions (for example- epilepsy, asthma etc.); current medication; special dietary requirements, any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us. | | |
|  | | |
| Name of doctor/surgery name | | |
| Doctor’s telephone number | | |
| I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in Club activity. (If you do not give your consent, this will not affect your membership of the Club. However, giving us consent to share this information will help Club coaches and leaders to know how to respond effectively in the case of any medical emergency.) | | |
| **SECTION 4 (MANDATORY): PLAYER PARTICIPATION AGREEMENT:** | | | |
| I agree to taking part in the activities of the Club.  I consent to the club photographing or videoing my involvement in cricket in line with the club photography/video policy. (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 membership of the club.)  I confirm I have read or been made aware of the club’s policies (available at www.sandycricketclub.co.uk)  I understand and agree to the responsibilities which I have regarding these policies and the conduct expected and required in practice or match sessions.  Please tick if you would be willing to assist on match days or at practice sessions.  I also confirm I understand that my details will be used for the purposes of club communications. | | | |
| **SECTION 5: PRIVACY STATEMENT:** | | | |
| Sandy Cricket Club take the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.  Please read the full privacy notice at www.sandycricketclub.co.uk carefully to see how the Club will treat the personal information that you provide to us. | | | |
| **PLAYER DECLARATION** | | | |
| By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the Privacy Notice below.  Date: Signature: | | | |