

# Belhus Cricket Club

Established 1960

ClubMark accredited with the England and Wales Cricket Board / Affiliated to the Essex County Cricket Board and the Club Cricket Conference  
Youth Section Member of the Essex Boys and Girls Clubs  
Headquarters and Main Ground: The Village Green, North Stifford, Grays, Essex, RM16 5UG Tel No. 01375 385505

## Adult Membership Application 2024

Please return your membership form to **JULIE WHITLOCK – M: 07916 850313/email: japs5258@aol.com**  
(unless paying by cheque – see Payment Methods section)

Name: .....	Date of Birth: .....
Gender (please tick one box)      Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address: .....	
.....	Postcode: .....
Tel H:..... M:..... Email:.....	

### SPORTS EQUITY MONITORING – ETHNICITY

Sport England is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. In order to help the club monitor its membership please tick one of the boxes below:

<b>White</b>	British	Irish		
<b>Mixed</b>	White & Black Caribbean		White & Black African	White & Asian
			Other mixed background (please specify):	
<b>Asian or Asian British</b>	Indian		Pakistani	Bangladeshi
			Other Asian background (please specify):	
<b>Black or Black British</b>	Caribbean	African	Other Black background (please specify):	
<b>Chinese or other</b>	Chinese	Any other (please specify):		

### SPORTS EQUITY MONITORING – DISABILITY

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'.

<b>Do you consider yourself to have a disability or any special educational needs?</b>	Yes	No
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If **yes**, what is the nature of your disability?

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### CLUB PHOTOGRAPHY/VIDEO/SOCIAL MEDIA CONSENT

Please **tick** the box which will allow us to use your photograph/video on the **Belhus CC Website/ Belhus CC Social Media** and in **Newspaper Articles** and **Displays/Publications**.

<input type="checkbox"/>
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## 2024 MEMBERSHIP FEES

Category	Rate	Definition (all subject to Club Constitution)
Belhus Belles <input type="checkbox"/>	<b>£40</b>	Payable by FEMALES who have reached the <b>age of 18 as at 1<sup>st</sup> September 2023</b> . Includes training fees.
Young Adult <input type="checkbox"/>	<b>£80</b>	Payable by Males who have reached the <b>age of 18 as at 1<sup>st</sup> September 2023 but not 21</b> . Includes training fees.
Adult <input type="checkbox"/>	<b>£140*</b>	Payable by Males who have reached the <b>age of 21 as at 1<sup>st</sup> September 2023</b> . Includes training fees.
Social Membership <input type="checkbox"/>	<b>£25</b>	Non-playing individuals who wish to use the North Stifford Clubhouse facilities and bar - year round (where available).
Vice President <input type="checkbox"/>	<b>£40</b>	Minimum suggested donation.

\* A standing order payment of **£20 for 7 months** commencing **April 2024 OR a one-off payment of £140** to be received **no later than 30<sup>th</sup> April 2024**.

### Payment Methods:

Payment Options	Details
<b>Cash</b>	Pay at signing on nights (dates to be advised) <b>OR</b> to a Team Manager/Coach/member of the Belhus Management Board.
<b>Cheque</b>	Payable to: <b>Belhus CC with your name on the reverse</b> . Please send to: Belhus CC, 44 Birchfield, North Stifford, Grays, Essex, RM16 5UX.
<b>Bank Transfer</b>	Account Details: <b>Belhus CC</b> – Account No. 10099668 / Sort Code No. 16-30-10 <b>(Please use your name as reference)</b> .

### Privacy Statement

Belhus CC 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 on our website ([www.belhuscc.co.uk](http://www.belhuscc.co.uk) and click on "GDPR" on the left hand side menu) to see how the Club will treat personal information that you provide to us.

### Declaration

I agree, on becoming a member of **Belhus Cricket Club** ('the club'), I confirm I have read and understood the permission statements on this membership form and privacy notice, to accept the terms and conditions of the club as laid down in the club constitution, its codes of conduct (including the England and Wales Cricket Board (ECB) "Safe Hands" Child Safeguarding Policy) and any notices that may be displayed within club premises from time to time. I understand that it is my responsibility to arrange personal accident insurance if required and agree that the club and/or its agents cannot be held liable for any loss or damage howsoever caused. I agree and accept that the contact details on this form may be transmitted, either manually or electronically, between club officers for normal club administration purposes and I give consent for these details to be given to the organisations to which the club has affiliated, where reasonable and appropriate. Such examples may include, though may not be limited to, player and coach development/education and nomination for any appropriate representative cricket squads. If I deliver coaching activities at the club, I agree to be bound by the ECB coaches' code of conduct and that I am required to undertake a Disclosure & Barring Service (DBS) check.

**Name (Print)**.....

**Signature**..... **Date**.....

# Medical Information

Where appropriate, it is important that we are aware of any medical information such as: heart problems, epilepsy, asthma, allergies, special dietary requirements, current medication, injuries or any additional needs to ensure club volunteers know how to respond effectively in the case of any medical emergency.

<b>Name of Member:</b>		<b>Date of Birth:</b>
<b>Doctor Name &amp; Surgery Address:</b>		
<b>Surgery Tel No:</b>		
<b>Details of Medical Conditions:</b>		

## Emergency Contact Details

Name and Relationship	Contact Number

## Medical Consent

	Yes	No
I consent to the above medical details being shared with <b>Coaches/Leaders</b> for the purposes of delivery of safe participation in cricket at Belhus CC.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to the administration of emergency first aid treatment and/or other medical treatment should the need arise.	<input type="checkbox"/>	<input type="checkbox"/>

**If any personal/medical information on this form changes, please contact:  
Julie Whitlock – Mobile: 07916 850313/email: japs5258@aol.com**

### Declaration

By returning this completed form, I confirm that I have read and understood the permission statements on this form and the privacy statement on the previous page.

**Name (Print)**.....

**Signature**..... **Date**.....