

**2025 APPLICATION FORM**  
**GIRLS & LADIES PLAYING MEMBERSHIP (NEW & RENEWALS)**  
Membership Period: 1 January to 31 December 2025 inclusive



Wardown Park. Old Bedford Road, Luton LU2 7HA  
[www.lticc.net](http://www.lticc.net)

Welcome to Luton Town & Indians Cricket Club. This girls and ladies playing membership form should be completed by the parent or legal guardian of any player under the age of 18 and must also be signed by the player. **Note in any case the application is an under 16 girl(s) who represents the club in any league games, the annual fee is required – see section 3.**

We will also use this information to ensure that you are kept informed about events and information concerning LTICC.

**Girls application (under 16) - Completion of Section 1, 2, 4, 5, 6, 7, 8, 9, & 10 is essential**

**Ladies application (16 +) - Completion of Section 1, 2 (under 18), 4, 5, 6, 7, 8, 9, & 10 is essential**

**Section 1 – Personal Details**

Full name:	
Age:	
DOB:	
Address:	
E-mail:	

**Section 2 – Contact details of parent / legal guardian for under 18**

Full name:	
Relationship to child: <i>(e.g. parent / legal guardian)</i>	

Daytime telephone number:	
Evening telephone number:	
E-mail:	

### Section 3 – Annual Membership Fees for 2025 Season

The current annual membership fees for girls is **£25** (under 14 or below) unless the applicant is representing the club in any league games.

The current annual membership fees for the ladies (14+) will be **£50** this will cover winter indoor nets/winter coaching summer training and matches.

### Section 4 – Emergency Contact Details (Alternative Contact)

In the event of an incident or emergency situation where a parent, or legal guardian named above cannot be contacted, please provide details of an alternative adult who can be contacted by the club.

Please make this person aware that his or her details have been provided as a contact for the club.

Full name:	
Relationship to Child/named lady in section 1 <i>E.g. Aunt, grandparent, neighbour etc.</i>	
Address:	
Daytime telephone number:	
Evening telephone number:	

## Section 5 – Sporting information

*Please circle accordingly*

Has the individual played Cricket before? *Please circle accordingly*  
If yes, where have they played Cricket?: (please indicate below)

Yes / No

- Primary school
- Secondary school
- Special Educational Needs School
- Local authority coaching session(s)
- Club
- County
- Other (please specify)

## Section 6 – Information about any impairment

Please provide information about any impairment for you or your child may have so that we can determine what reasonable adjustments may be required to support you or your child's full participation in club activities.

Do you consider yourself or your child / the child in your care to have an impairment?  
*Please circle accordingly*

Yes / No

If yes, what is the nature of the impairment?

- Visual impairment
- Hearing impairment
- Physical impairment
- Learning difficulty
- Multiple impairments
- Other (please specify):

**If you have ticked yes in any box above, please provide us with any additional information on the next page that will assist us to ensure you or your child is fully supported whilst at the club.**

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## Section 7 – Medical Information

Name of Doctor / Surgery:	
Doctor / Surgery telephone number:	

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, current medication, injuries etc.)

### **Section 8 - Medical consent:**

I give my consent that in an emergency situation the club may act in my place, (*in loco parentis*), if the need arises for the administration of emergency first aid and / or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me as the relevant parent / legal guardian, or the alternative adult I have named in section 4 of this form.

I confirm that to the best of my knowledge, myself / my child / the child in my care does not suffer from any medical condition other than those detailed above.

### **Section 9 – Photography Consent**

The club may wish to take photographs of matches and training sessions for coaching purposes and publicity. These may appear in the clubs printed publications, website, social media and may be sent to the press.

Do you give consent for the club to take photographs

*Please circle accordingly:*

Yes  No

### **Section 10 – Data Protection**

The Club will use the information provided on this Membership Form (together with other information it obtains about the player) to administer her/your cricketing activity at the Club and in any activities in which she/you participates through the Club and to care for and supervise activities in which she/you is involved.

In some cases, this may require the Club to disclose the information to County Boards, Leagues and to the England and Wales Cricket Board. In the event of a medical issue or child protection issue arising, the Club may disclose certain information to doctors or other medical specialists and/or to police, children's social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation.

As the person completing this form, you must ensure that each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

By returning this completed girls and ladies, I agree to my myself / child / the child in my care taking part in the activities of LTICC

o I confirm that I have legal responsibility for the child named in section 1 above, and that I am entitled to give this consent.

o I understand that I will be kept informed of activities at LTICC –for example details of times and transport etc.

o I understand that in the event of injury or illness all reasonable steps will be taken to contact me / the alternative contact, and to deal with that injury/illness appropriately.

o I confirm that to the best of my knowledge all information provided in this form is accurate and I will inform the club of any changes to this information in a timely manner.

o I confirm that I am agree to abide by the Code of Conduct which is displayed in the foyer entrance of the club.

**Girls Membership: Membership of the Colts Section is available only to young persons who, at the start of the school year, are aged between nine years and under seventeen years. Application for membership to the colts section must be made, on behalf of the applicant, by the applicant’s parent or legal guardian. Subject to an interval of at least two clear days between nomination and admission and payment in full of the colts annual subscription, the applicant’s parent or legal guardian shall be afforded the benefits of club membership with the exception of: Voting Rights, eligibility to make nomination, holding office or, standing for election to the Executive Committee of the Club. Such privileges to which the parent or legal guardian is entitled shall apply only whilst their charge remains a member of the colts section of the club.**

**The Club Committee may refuse membership, or remove it, only for good cause as conduct or character likely to bring the club or sport into disrepute. The parent or legal guardian who has proposed this Girls Membership application, as above, shall be responsible for the behaviour and conduct of the Junior (Colt) Member at all times that the Junior Member is representing the Club or attending the Club premises and shall declare that they and the Junior Member shall abide by the Rules and Bye-Laws of Luton Town & Indians Cricket Club.**

Print: Name of parent / legal guardian or for ladies membership	
Signed:	
Date:	

*(To be completed by the child applying for junior membership)*

Print: Name	
Signed:	
Date:	

<b>Proposed by:</b>	<b>Seconded by:</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Email:</b>