



Club Senior Membership

Application Form

This form should be completed by a playing member over the age of 18.

Once completed, please return your form by hand or email to:

- Your Team Captain or
- The Club Secretary via email only on secretary.highrodingcc@gmail.com

Section 1 - Personal Details of Member

Name:	Male/Female:	Date of Birth:	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone Number:	Home Phone Number:		
<input type="text"/>	<input type="text"/>		
Address:			
<input type="text"/>			
Postcode:	Email:		
<input type="text"/>	<input type="text"/>		

Section 2 - Annual Subscription Fee and Match Fees

The annual subscription fee is payable by all members of the Club. The Club asks if this could be paid prior to the start of the season but, failing that, it needs to be paid by 31st May.

The Club's account details are:

Account Name:	High Roding Cricket Club
Account Number:	19129960
Sort Code:	30-92-76
Reference:	[Surname] Subs

Annual Subscription Rates are displayed on the Club's website and can vary from season to season.

In addition, there is a match fee for each match played for the Club to help cover the cost of team teas and other match day expenses. This should be paid to the relevant team captain on the day.

Section 3 - Emergency Contact Details

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 adult who can be contacted in an emergency:

Phone number of named adult:

Relationship which this person has with you:

Section 4 - Disability

We will use this information to establish if there are any additional needs/support/adjustments that you may require (if so, please feel free to discuss this with us) and for statistical purposes.

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'.

Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more?

Yes No

If No, please move on to Section 5.

Does this disability or illness affect you in any of the following areas?

- | | | |
|---|---|---|
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Dexterity impairment | <input type="checkbox"/> Learning impairment | <input type="checkbox"/> Memory impairment |
| <input type="checkbox"/> Mental Health impairment | <input type="checkbox"/> Stamina, Breathing or Fatigue impairment | <input type="checkbox"/> Developmental impairment |
| <input type="checkbox"/> Has other type of impairment, please provide more details: | | |

If you have ticked "Yes", please provide any additional information relating to your condition which you would like the Club to be aware of and any steps/arrangements which the Club can put in place to assist you:

Section 5 - Medical Information

Please detail below any important medical information that our Club volunteers need to know and which may be relevant to your participation in cricket activities. Such as: allergies; medical conditions (for example epilepsy, asthma, and so on); 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 and Surgery

Phone Number of Doctor/Surgery

Medical Consent

I consent to my medical details being shared with team captains/Club volunteers for the purposes of the delivery of my safe participation in the Club's activities.

Not providing consent will not affect your membership of 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: Member Participation Agreement

I agree to take part in the activities of the Club.

I confirm I will comply with the Club's policies as notified to me or as posted on the Club's website from time to time.

Please note that you have the right to cancel your membership of the Club at any time. If you wish to do so, please can you inform Andy Duke (1st XI captain) to this effect by email at aduke@btig.com.

Section 7: Club Photography/Video Consent

I consent to the Club photographing or videoing my involvement in cricket.

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.

Section 8 - Privacy Statement

The Club takes 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 provided with this form carefully to see how the Club will treat the personal information that you provide to us.

Section 10 - Member Agreement

By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the privacy notice provided with this form.

Signed:

Date: