HIGH RODING CRICKET CLUB · EST. 1890

Senior Membership

Application Form

This form should be completed by playing members aged 18 or over. Please fill it in using block capitals.

Return your completed form to
Your team captain (by hand), or
The Club Secretary, by email only:
secretary.highrodingcc@gmail.com

1 Personal details

Full name

Gender

Date of birth / /

Age

Mobile phone

Home phone

Address

Postcode

Email

2 Annual subscription and match fees

The annual subscription is payable by all members. We ask that it is paid before the start of the season if possible, and no later than **31 May**. Current rates are shown on the Club's website and may change from season to season.

BANK TRANSFER DETAILS

Account name	**High Roding Cricket Club**
Account number	**19129960**
Sort code	**30-92-76**
Reference	**[Your surname] SUBS**

MATCH FEES

A match fee is also charged for each game played, to help cover team teas and other match-day costs. Please pay this to your team captain on the day.

3 Emergency contact

If you include another person's details on this form, please make sure they know what will happen to their information and how it may be shared.

Name of adult to contact in an emergency

Phone number

Relationship to you

4 Disability

We use this information to understand whether you need any additional support or adjustments (please feel free to talk to us about this), 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 – please go to Section 5

If yes, does this affect you in any of the following areas? Tick all that apply.

☐ Vision ☐ Hearing ☐ Mobility

☐ Dexterity ☐ Learning ☐ Memory

☐ Mental health ☐ Stamina, breathing or fatigue ☐ Developmental

Other impairment – please give details

If you ticked "Yes", please tell us anything about your condition you would like the Club to know, and any steps or arrangements we could put in place to support you

5 Medical information

Please tell us about any medical information our volunteers should know that may be relevant to your taking part in cricket – for example allergies, conditions such as epilepsy or asthma, current medication, dietary requirements, additional needs or injuries.

☐ I would prefer to discuss this privately with the Club

Doctor's name and surgery

Surgery phone number

MEDICAL CONSENT

☐ I consent to my medical details being shared with team captains and Club volunteers so that I can take part safely in Club activities.

Not giving consent will not affect your membership, but it helps volunteers respond effectively in a medical emergency.

6 Member participation agreement

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

☐ I will comply with the Club's policies, as notified to me or as published on the Club's website from time to time.

ECB REGULATIONS

☐ By becoming a member of High Roding Cricket Club, I agree to abide by the ECB Anti-Discrimination Regulations, General Conduct Regulations, Recreational Conduct Regulations and Safeguarding Regulations. I acknowledge that High Roding Cricket Club, the ECB and the Cricket Regulator may take action to enforce these regulations, where applicable.

You may cancel your membership at any time. To do so, please email the Club Secretary at **secretary.highrodingcc@gmail.com**.

7 Photography and video consent

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

If you do not wish to give consent, please contact us so we can discuss how to manage any photography. Not giving consent will not affect your membership.

8 Privacy statement

The Club takes the protection of members' data seriously and will process the information you provide in line with data protection law. Please read the full privacy notice supplied with this form to see how the Club will use your personal information.

9 Member declaration

By signing and returning this form, I confirm that I have read and understood the consent statements on this form, the ECB regulations agreement in Section 6, and the privacy notice provided with it.

Signature _____ **Date** _____

Name in block capitals _____

FOR CLUB USE ONLY

Date received	Subscription paid	Recorded by