



SWANAGE CRICKET CLUB

ADULT MEMBERSHIP APPLICATION FORM (for players over the age of 18)

This form is designed to be completed by a member 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 on the club website and available from the club. All club policies are also available on the club website.

Once completed, the form should be returned to the Membership Secretary or any committee member at the Club, or emailed to secretary@swanagecricketclub.co.uk. Payment can be made by cash, cheques payable to Swanage Cricket Club or bank transfer to: Sort Code 30-99-12 | Account No. 00260769

Membership Categories: (Please select one option using tick box)

<input type="checkbox"/> Hardball player - £45	<input type="checkbox"/> Softball player	<input type="checkbox"/> Social	} £25
<input type="checkbox"/> Student 18+ & in full time education			

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

SECTION 1 (MANDATORY): PERSONAL DETAILS OF PLAYER / OFFICIAL

All information in this Section 1 will be used by the Club and provided to the ECB and will be used and protected as described in the Privacy Notice.

Name:	
Home address:	
Post code:	
Date of birth:	(Day) (Month) (Year)
Gender:	
Email address:	
Home telephone number:	
Mobile telephone number:	

If you are or become an official of the Club, the Club may provide the information in this Section 1 County Boards or Leagues that the Club is a member of or affiliated to; to enable them to contact you about cricket matters.

If you are a player and attend a County Board or League run event (such as trials, nets or representative fixtures), the Club may provide your name and contact details to the relevant League / County Board to enable them to notify you of arrangements.

SECTION 2 (OPTIONAL): 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	



Ground: Adjoining Days Park, Ulwell Road, Swanage, Dorset.
01929 421216
www.swanagecricketclub.co.uk



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, 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/surgery name:

Doctor's telephone number:

Medical consent:

☐ I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the cricket 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 confirm I have read, or have been made aware of, the Club's policies concerning:

☐ Changing Rooms ☐ Codes of conduct ☐ Transporting children

☐ I understand and agree to the responsibilities which I have regarding these policies

SECTION 5: PRIVACY STATEMENT

Swanage Cricket 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 Club's Privacy Notice on the club website carefully to see how the Club will use and protect your personal data, who it may be disclosed to and why and your rights in respect of your personal data.

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.

I will notify the club of any changes to my contact details in section 1. Annual membership will be valid on receipt of your membership fee each year.

Date: Signature:

If returning your form via email, please date and sign above and send a scan or photograph of the printed form.



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