

## FAMILY MEMBERSHIP APPLICATION FORM 2022

This form is designed to be completed by a family member over the age of 18 on behalf of the family. 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

Family Membership is for one full playing member plus any juniors, students or non-playing adults with the same home address - £65

SECTION 1 (MANDATORY), DEDSONAL DETAILS OF FULL DIAVING ADULT

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 FOLL PLATING ADOLT				
All information in this Section 1 will be used by the Club and provided to the ECB and will be used				
and protect	ed as described in the Priv	acy 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 mem	nber of or affiliated to; to ena	ble 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 nam		elevant League / County Board to		
enable them to notify you of arrangemer	nts.			
SECTION 2 (MANDATORY): NAME AND DATE OF BIRTH FOR ADDITIONAL FAMILY MEMBERS				
Name:		DOB:		



Name:

Name:

Name:

Name:

OVUBMA OF

DOB:

DOB:

DOB:

SECTION 3 (OPTIONAL): EMERGENCY CONTACT DETAILS  We will use the above details as a contact in an emergency. If possible, please provide the contact details of an alternative adult below.				
Name o	f an alternative adult who can be conta		icy. If possible, please provide the contact actains of an alternative dual below.	
an eme	number for alternative named adult:			
	ship which this person has to the child	l (for		
example, aunt, neighbour, family friend and so on):				
SECTION 4 (OPTIONAL): MEDICAL INFORMATION FOR JUNIOR MEMBERS				
Please detail below any important medical information that our coaches/junior co-ordinator need to know, and which would be affected by your child's 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:			
	'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.				
Not providing consent will not affect your child's membership to 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 5 (MANDATORY): FAMILY PARTICIPATION AGREEMENT				
I agree to the child/children named above taking part in the activities of the club.				
I agree to taking part in the activities of the Club				
I confirm I have read, or have been made aware of, the clubs policies concerning:				
Changing rooms Codes of conduct				
	Transporting children Playing in open age (senior) matches			
I understand and agree to the responsibilities which I and my child have regarding these policies				
SECTION 6 (OPTIONAL): CLUB PHOTOGRAPHY/VIDEO CONSENT				
I consent to the club photographing or videoing my child/children's involvement in cricket in line with the club photography/video policy.				
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 child's membership of the club.				
SECTION 7: PRIVACY STATEMENT				
Swanage Cricket Club 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 below carefully to see how the Club will treat the personal information that you provide to us.				
PLAYER DECLARATION				
			that I have legal responsibility of the child/children named above and ssion statements on this membership form and the privacy notice below.	
	Date:	Sign	ature:	
ı	If returning your form via email, please date and sign above and send a scan or photograph of the printed form.			







