



SWANAGE CRICKET CLUB

Family Membership and Donation Form 2020

Please complete this form, and send it with the appropriate fee of £65 to Dave Morton or Tim Ives. Cash, or cheques payable to Swanage Cricket Club, or payment can be made on line using our sort code 30-99-12, account 00260769.

FAMILY MEMBERSHIP is for 1 full member plus any juniors, students or non-playing adults with the same home address.

Name	Date of Birth

If you would like to make a donation to the club that would be very welcome. Please indicate amount: £

(As a Community Amateur Sports Club we can claim Gift Aid of 25p for each £1 donated as long as you are a UK taxpayer and pay at least as much Income or Capital Gains Tax as the amount of Gift Aid claimed. Higher rate taxpayers may wish to contact HMRC regarding any claim for additional tax relief.) Please tick this box if you would like us to Gift Aid your donation

Contact Details of Parent / Legal Guardian (This information will be used by the Youth Coordinator, Welfare Officer, and Swanage Cricket Club coaches and managers, responsible for your child, during training matches).

Name		Relationship to Child	
Address			
Mobile		Mobile 2 (in case of emergency)	
Email			



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





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Medical Information

Please detail below any important medical information of which our Youth Coordinator, Welfare Officer and Swanage Cricket Club coaches and managers, responsible for your child during training and matches, should be made aware of (e.g. epilepsy, asthma, diabetes, current medication, injuries etc.). This will be kept securely and will be deleted once the child no longer plays for the club.

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

I give my consent that in an emergency situation, a Swange Cricket Club official or coach 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 3 of this form.

I give Swanage Cricket Club permission for photographs and videos to be taken of my child. These photos may occasionally be for any multi-media purpose including social media, website and newspapers. I give permission for Swanage Cricket Club to make decisions on the safe use of these photos.

Data Protection: The club will only use the information provided on this form to ensure that you are kept informed about events and information concerning Swanage Cricket Club. The information will not be passed on to third parties without permission.

Swanage Cricket Club is an ECB accredited club, and has a Code of Conduct for all users. All our policies are to be found in a folder in the pavilion and can also be viewed on our website.

I agree to inform the Youth Coordinator of any changes.

Name	Signed	Date
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