

Hythe and Dibden Cricket Club

SENIOR PLAYERS MEMBERSHIP APPLICATION FORM 2019

This form is designed to be completed by a player over the age of 18.

Once completed, the form should be returned to Membership Secretary, Ann Howe at the club

SECTION 1: PERSONAL DETAILS OF PLAYER			
Name	Date of birth		
Home address	Email Address		
Post Code	Contact Number	Contact Number	
SECTION 2: 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 Relations has with y		
SECTION 3: DISABILITY We will use this information for statistical purposes as well as to establish if there are any additional needs / support / adjustments that you may require, please discuss this with us.			
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			
Does this disability or illness affect you in any of the following areas? Vision impairment Hearing impairment Dexterity impairment Learning impairment Memory impairment Mental Health impairment Stamina, Breathing or Fatigue impairment Developmental impairment Has other type of impairment, please provide more details			
SECTION 4: 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.		
Not providing consent will not affect your 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: PLAYER PARTICIPATION AGREEMENT:		
I agree to take part in the activities of the club.		
I confirm I have read, or have been made aware of, the clubs policies concerning:		
Changing / showering Anti bullying and the code of conduct		
Transporting children Social media, text and email		
Photography / video		
SECTION 6: CLUB PHOTOGRAPHY/VIDEO CONSENT		
I consent to the club photographing or videoing my 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 membership of the club.		
SECTION 7: PRIVACY STATEMENT		
Hythe and Dibden 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. This can be found on the club website and notice board.		

SECTION 8: MEMBER'S DECLATATION			
By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the privacy notice on the website.			
I have read*, understood and agree to abide by the Hythe & Dibden Cricket Clubs Constitution and all the policies detailed on the club website. Particular attention should be paid to Code of Conduct for Members & Guests, Anti Bullying Policy, Safeguarding Policy, and the Child Protection Policy.			
I include payment of the annual player / associate membership (please delete non applicable)			
I include a club donation of £			
Member Signature:	Date:		
*Please note: All Documents referred to on this form are available at the Hythe & Dibden Cricket Club - website www.hythe-dibdencricketclub.co.uk and are displayed in the clubhouse.			
MEMBERSHIP SUBSCRIPTIONS 2019			
Players Membership if paid before 30 th May 2019 £50			
Players Membership if paid after 1 st June 2019 £60			
Associate Membership £10			
Match fee per game £10			
Please note if you wish to make a donation to the club please include it in the box below. Thank You.			
The club is available for hire and supporting social event helps the sustainability of the club			
Cheques made payable to: HYTHE AND DIBDEN CRICKET CLUB			
Completed registration and payments to Membership Secretary after registration day			
For Official Use Only			
Membership No :			
Subscription Fee Paid :			
Donation Paid:			
Received By :	Date :		

Please note Hythe and Dibden Cricket Club do not take any responsibility for any injury that may occur to players whilst playing for the club. We would recommend you consider taking out personal sports accident insurance. Policies can offer personal accident, income protection and personal liability.

Please note Hythe and Dibden Cricket Club do not take any responsibility for any damages to or loss of personal property.

The club expects that all players of Hythe and Dibden Cricket Club wear a club shirt and cap for all Saturday league games.

HYTHE & DIBDEN CRICKET CLUB NUMBERS GAME

If you'd like to help the club with fundraiser then please take part in our monthly numbers club with an opportunity to win cash prizes. All you have to do it set up a standing order with your bank.

The account name is: Hythe and Dibden Cricket Club numbers club

The account number is: 43233848 The sort code is: 60 20 40 Reference: (your name)

The amount is £5 to be paid on the 1st of each month