



Chieveley Cricket Club

Membership Application 2018

1st March 2018 – 28th Feb 2018



Type of membership required:

Youth (under 18 yrs at start of year)	£30	<input type="checkbox"/>	Adult Playing Member	£50	<input type="checkbox"/>
All Stars membership (8 sessions)		<input type="checkbox"/>	Adult Non-Playing Member	£25	<input type="checkbox"/>
All Stars membership (full season pass)	£20	<input type="checkbox"/>	Family Membership (up to 2 adults and 3 children)	£75	<input type="checkbox"/>
Youth day membership (per session)	£5	<input type="checkbox"/>	Suggested donation for new equipment	£20	<input type="checkbox"/>

TOTAL PAYABLE £ CASH / CHEQUE / BANK TRANSFER (Account :- 23601560. Sort code :- 20-59-14. ref: Membership + *name*)

Please provide the following details for all applicants:

Applicant Name	Emergency Contact details			Youth Members only			
	Contact name	Landline	Mobile	Date of birth	Age	School Year	Cricket Experience

Contact details - Mobile: _____ **Email:** _____

Address: _____ **Postcode:** _____

I consent to the data I provide to be used in accordance with the Chieveley Cricket Club Data Protection and Privacy Policy
I agree to abide by the rules of Chieveley Cricket Club (both as published on mychieveley.co.uk/info/chieveley_cricket_club)

Please tick if you want to be contacted by email **or SMS**

Signature: _____ **Date:** _____



Chieveley Cricket Club



Youth Membership Registration Supplement 2018

Medical History & Disabilities

This document is used to ensure that the Club holds sufficient information on our youth members so that their health and welfare can be protected when in the trust of the Club, and also provides parents/guardians information on the Club's Youth Policy. To ensure the safety of our youth members, we need a record of any disability and relevant medical history. The Disability Discrimination Act 1995 defines a disabled person as anyone with "a physical or mental impairment, which has a substantial and long-term adverse effect on his other ability to carry out normal day-to-day activities".

Please complete the following questionnaire and provide additional details as necessary.

	Name of youth member			
Does your child have a disability? If yes, what is the nature of the disability? (E.g. Visual, Hearing, Physical, Learning, other)				
Does your child experience any conditions requiring medical treatment and/or medication? If so, please provide details.				
Does your child have any allergies? If so, please provide details.				
Does your child have any dietary requirements? If so, please provide details.				
Please provide any additional information you wish to make CCC aware of				

If more space is required please use the reverse of this form.



Chieveley Cricket Club



Youth Membership Registration Supplement 2018

Youth Membership Declaration

By signing and returning this completed form I declare that:

- I agree to my child/children taking part in the Youth activities of the Club
- I agree to be present at training and/or other events if my child/children is under 8 years old
- I confirm my child/children will comply with the Youth Club Rules and uphold the laws of cricket
- I confirm I will comply with the Code of Conduct for Parents/Carers and Rules of the Club
- I understand that I will be kept informed of Youth activities of the Club
- I agree to ensure adequate travel arrangements are in place to and from the meeting/return place
- I will fully support all efforts to remove verbal abuse, foul language and dissent from cricket
- I understand in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with injury/illness appropriately, including medical treatment if advised by a qualified practitioner
- I confirm the medical information provided above is accurate and will immediately make the Club aware of any change to this information
- I confirm my child/children will wear a helmet when instructed to do so by the Club
- I am aware that should my child/children play for the senior team they may have to share changing facilities
- I will supervise any other children attending that are under my responsibility

Signature (Parent / Guardian): _____

Date: _____

- I am happy for photos of my child/children to taken as part of training and/or matches and can be posted on social media**

Signature (Parent / Guardian): _____

Date: _____