**Membership Form: Egerton Park Cricket Club 2022**

We are very pleased to welcome you to Egerton Park Cricket Club 2022. To ensure we have the correct contact details for you, please fill out this Membership Form and return FAO J.Orridge.

The club does not charge for training sessions (except indoor sessions), but we do require a £30 for all under 11's, £50 for 13's,15's,17's, includes Non-Working and Students. Senior Membership is £80.

Cheques should be made payable to Egerton Park Cricket Club.

**Section 1 – Personal Details – Juniors (Young People under the age of 18)**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Date of Birth: | |  |
| Name of School / College: | |  |

**Section 2 – Personal Details – Seniors or Parent / Legal Guardian**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| Postcode: |  | |
| Home Telephone Number: | |  |
| Mobile: | |  |
| Email: | |  |

**Section 3 – Disability**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you consider yourself to have a disability? | | Yes | No |
| If Yes, what is the nature of your disability? | | | |
|  |  | | |

**Section 4 - Sporting Information**

|  |  |  |
| --- | --- | --- |
| Have you played Cricket before? | Yes | No |
| If Yes, where have you played Cricket? | | |

**Section 5 – Medical Information**

|  |  |
| --- | --- |
| Name of Doctor / Surgery: |  |
| Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.) | |

**Medical consent:**

* I give my consent that in an emergency situation, the Club may act *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 that all reasonable steps will be taken to contact me or the alternative adult which I have named in section 6 of this form.
* I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me above.

**Section 6 – Emergency Contact Details (Alternative Contact)**

In the event of an incident or emergency situation, where a parent or legal guardian named above cannot be contacted, please provide details of an alternative adult who can be contacted by the Club. Please make this person aware that his or her details have been provided as a contact for the Club:

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Relationship of this person to the younger person: | E.g. Aunt, neighbour etc… | |
| Address: |  | |
| Home/Mobile Telephone No: | |  |

By returning this completed Membership Form, I agree to my child in my care taking part in the activities of Egerton Park Cricket Club. I understand that I will be kept informed of activities at Egerton Park Cricket Club – for example times and transport details etc. I understand in the event of injury or illness all reasonable steps will be taken to contact me / the alternative contact and to deal with that injury/illness appropriately.

Please also note that EPCC may take photographs to promote our facilities. These photographs may be used in The Melton Times, Twitter, Facebook, Instagram and the Official Website page of Egerton Park.

By signing this form you are giving your permission for images to be used

|  |  |
| --- | --- |
| Signed:  (Parent / Legal Guardian) | Print: |
|  |
|  |