**THEYDON BOIS CC SENIOR MEMBERSHIP APPLICATION FORM 2021**

(for players over the age of 18)

This form is designed to be completed by a player over the age of 18. If you are under 18, please use the Club’s Junior Membership Application Form instead.

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 at the bottom of this form.

Once completed, the form should be returned to WARREN HYDE at the Club.

Upon payment of the Senior Fees you will be issued with a **Members Loyalty Card** for used in conjunction with the clubs till system. This card offers a 10% discount on all purchases at the bar. For full Ts and Cs please check the clubs web site.

|  |
| --- |
| **SECTION 1 (MANDATORY): PERSONAL DETAILS OF PLAYER / OFFICIAL**  |
| **All information in this Section 1 will be used by the Club and provided to the ECB and will be used and protected as described in the Privacy Notice below.** |
| Name  |  |
| Home address  |  |
| Post code |  |
| Date of birth  | (Day) …………….. (Month) ……………… (Year) ……………………. |
| Gender  |  |
| Email address:  |  |
| Home telephone number  |  |
| Mobile telephone number  |  |
| Are you interested in playing League Cricket? | ☐ Yes ☐ No |
| 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 member of or affiliated to; to enable 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 name and contact details to the relevant League / County Board to enable them to notify you of arrangements. |

|  |
| --- |
| **SECTION 2 (OPTIONAL): EMERGENCY CONTACT DETAILS**  |
| Name of an adult who can be contacted in an emergency  | Phone number of named adult  | Relationship which this person has with you  |
|  |  |  |
| **SECTION 3 (OPTIONAL): SPORTING EXPERIENCE INFORMATION**  |  |
| Have you played cricket before: Yes No   |  |
| If yes, where has this been played?  Club School Local authority coaching session(s) University     Other (please specify)   |  |

|  |
| --- |
| **SECTION 4 (OPTIONAL): DISABILITY****By providing the information in this Section 4, you are giving your explicit consent to the Club using this information (and any additional disability information provided by or for you) for statistical purposes as well as to establish if there are any additional needs / support / adjustments that you may requires.** |
| 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  Mobility 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 5 (OPTIONAL): MEDICAL INFORMATION** **By providing the information in this Section 5, you are giving your explicit consent to the Club using this information (and any additional medical information provided by or for you) to help you when you participate in cricket activities.** |
| 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. |
|  |
| 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 Club activity.  If you do not give your consent, this will not affect your membership of the Club. However, giving us consent to share this information will help Club coaches and leaders to know how to respond effectively in the case of any medical emergency.   |

|  |
| --- |
| **SECTION 6 (MANDATORY): PLAYER PARTICIPATION AGREEMENT:**  |
| I agree to taking part in the activities of the Club. I confirm I have read, or have been made aware of, the Club’s policies concerning: Changing / showering Anti bullying Policy  Transporting children Code Of Conduct for Members and Guests  Photography / video Social media, text and emailAll policies can be found on the clubs web site www.tbcc.co.uk  I understand and agree to the responsibilities which I have regarding these policies |
|  |
| **SECTION 7 (OPTIONAL): 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 give your consent, this will not affect your membership of the Club. If you choose not to give consent, please contact us to discuss how we can manage any potential photography.  |

|  |
| --- |
| **SECTION 8: PRIVACY STATEMENT:**  |
| Theydon Bois CC 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.The Club uses the ECB’s Play-Cricket system to store data as well as the clubs membership database. Data and forms will be kept for 1 year after you have left the club and then destroyed. |

|  |
| --- |
| **PLAYER DECLARATION** |
|  |
| By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the Privacy Notice below. Date: Signature:  |