

Subscription Paid

- £66 Senior Playing Member  
Yes / No**
- £36 Full Member (non-playing)  
Yes / No**
- £36 Vice President Yes /No**
- £360 Life Subscription (payable once)**

BACS Sort Code: 60-04-30

Account Number: 77206967

Please add your name as reference for all direct payments

Cheques should be made payable to Carlisle Cricket Club



**CARLISLE CRICKET CLUB SENIOR MEMBERSHIP  
APPLICATION FORM 2022**

(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 accompanying this form.

Once completed, the form should be returned to Tony Brown at the Club, or emailed to [antony\\_brown2@sky.com](mailto:antony_brown2@sky.com)

or by post to: 37 Tribune Drive Houghton, Carlisle, CA3 0LE

**Membership fees are due by 1<sup>st</sup> May 2022, or within one month of being elected a member.**

**After 31<sup>st</sup> May, no player shall be eligible for selection until his / her membership fee is paid.**

The Club uses the ECB's Play-Cricket system to store data. Data from this form may, therefore, be entered onto that system.

**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.

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 answer 'yes', should you be selected by the Club to play us in a League requiring player registration, relevant information from this Section 1 (including month and year of birth) will be provided to that League to enable them to check your eligibility to play in that League.

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 require.**

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

### 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.

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 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 and the code of conduct

Transporting children

Photography / video       Social media, text and email

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:

Carlisle Cricket Club takes 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 Club's Privacy Notice carefully to see how the Club will use and protect your personal data, who it may be disclosed to and why and your rights in respect of your personal data.

## 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.

Date:

Signature: