



SHIRESHEAD & FORTON CRICKET CLUB

SENIOR MEMBERSHIP FORM (Over 18) 2020 Shortened version

Please complete the membership form and return, by E Mail to angelamurphy1970@live.co.uk

PERSONAL DETAILS	
Name:	Gender (male or female):
Address (including postcode):	
Home telephone number:	Mobile number:
Email address:	
Date of birth:	

MEDICAL DETAILS & CONSENT	
Do you have any disability (e.g. visual, hearing impairment, learning, physical, multiple or other), medical conditions or allergies (e.g. epilepsy, asthma, diabetes etc) or take any medication we should be aware of? Yes/No If yes, please give details:	
Emergency contact name:	Emergency contact number:
Medical consent: <input type="checkbox"/> I give my consent that in an emergency situation, the Club may act 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 have read & understood the COVID19 Guidelines for net practice During any practice sessions I will take full responsibility to adhere to the clubs protocols detailed in the COVID19 Guidelines. Please tick <input type="checkbox"/>	
Signed:	Date:

Data protection. The Club will use the information provided on this form (together with other information it obtains about the player) (together "Information") to administer his/ her cricketing activity at the Club and in any activities in which he participates through the Club and to care for and supervise activities in which he/she is involved. In some cases this may require the Club to disclose the Information to County Boards, Leagues and to the England and Wales Cricket Board. In the event of a medical issue or child protection issue arising, the Club may disclose certain information to doctors or other medical specialists and/or to police, children's social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation.

As the person completing this form, you must ensure that each person whose information you include in this form knows what will happen to their information and how it may be disclosed.