

Bollington Cricket Club

Senior Membership Form

- To ensure that we have the correct details for Players, please insert the information requested below and return this form to **Andrea Paterson**

Name		DOB
Address		
Postcode		
Gender		
Home Telephone Nos		
Mobile		
e-mail		
Ethnicity (optional)		
A White		
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> any other white background (please specify)		
B Mixed		
<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (please specify)		
C Asian or Asian British		
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please specify)		
D Black or Black British		
<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (please specify)		
E Chinese or other ethnic group		
<input type="checkbox"/> Chinese <input type="checkbox"/> Any other (please specify)		
Disability (optional)		
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 or her ability to carry out normal day-to-day activities'. Do you consider yourself to have a disability? Y/N If yes, what is the nature of your disability?		
<input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment		
<input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability		
<input type="checkbox"/> Multiple disability <input type="checkbox"/> Other (please specify)		

Medical information

Please detail below any important medical information that our Coaches/Captains should be aware of (e.g. epilepsy, asthma diabetes, etc)

Emergency contact details

Please indicate the person(s) who should be contacted in case of an incident/accident:

Contact name	
Emergency contact number	