



Bearsted Cricket Club

The Green, Bearsted, Kent

Bearsted CC Adult Membership Form (Playing and Associate only)



Personal and Confidential when complete

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 <http://www.bearstedcricketclub.co.uk/policies/>

Once completed, the form should be returned to Steve Pearce, Hon. Secretary at the Club.

PERSONAL DETAILS

Name:			
Address:			
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Home tel:	
Other tel:		Mobile:	
e-mail 1:			

Annual Subscriptions

Full Playing Senior
£100.00*

Full Playing U18 etc
£60.00

Associate (Non-Playing)
£10.00

* £60.00 full playing over 18 in
full time education

MEMBERSHIP TYPE

☐ Full Playing

Full voting rights plus annual subscription based on working or non-working/student

☐ Associate (Non-Playing)

Non-voting rights plus annual subscription at a discount to the subscription paid by a Full Playing member

☐ Senior (in employment)

☐ Student, Unemployed

SPORTING INFORMATION *(if applying for Full Playing membership)*

Have you played Cricket before? ☐ Yes ☐ No

If yes, where have you played the sport: (please indicate below)

☐ Primary school

☐ Secondary school

☐ Local authority coaching session(s)

☐ Club

☐ County

☐ Other (please specify):

REPRESENTATIVE CRICKET (last 12 Months) *(if applying for Full Playing membership)*

During the past 12 months have you played any representative cricket?

☐ Yes ☐ No



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Have you been invited to play representative cricket during the coming season? ☐ Yes ☐ No

If you have answered yes to any of the following, please advise the highest level played?

☐ District ☐ County ☐ Minor County Cricket ☐ 1st Class County Academy ☐ England

MEDICAL & DISABILITY INFORMATION (OPTIONAL)

By providing the information in this Section, you are giving your explicit consent to the Club using this information (and any additional medical disability information provided by or for you) to help you when you participate in cricket activities.

Please detail below any important medical and disability 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, visual impairment 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.

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



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☐ I understand and agree to the responsibilities which I have regarding these policies

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.

DATA PROTECTION

The Club will use the information provided on this form for the following purposes:

- To contact you in connection with matches, training sessions and team social events
- To contact you in connection with any matters concerning your membership and events run by the Club.
- To administer your membership, cricketing activity and any other club activities you are involved in
- To assist in providing adequate care and supervision in respect of activities you are involved in.

The information on this form will be stored by the Club Secretary. It will be deleted/destroyed when your membership ends. If you play in any League, or attend any County Board or League run event, the Club will share your information with the relevant County Board or League. In the event of a medical or legal issue arising, the Club may disclose your information to medical specialists, police, the courts and/or other authorities involved in any investigation. For more information on how the club uses your data, please see our privacy policy at <http://www.bearstedcricketclub.co.uk/policies/>.

The information will also be stored on the following systems:

- The English Cricket Board's Play-Cricket system. Please see the ECB's privacy policy at <https://www.ecb.co.uk/privacy> for more details on how this system processes your data.
- Pitchero. Your name and date of birth, postal and email address will be added to the Club's Pitchero account, and you will be sent an email so that you can set up a Pitchero profile. The Club will use your Pitchero profile to communicate with you about Matches, Club Information and events. You can select your data preferences within your Pitchero account. For further information on how Pitchero use you data, please go to <https://www.pitchero.com/privacy-policy>.

☐ I consent to the use of the information in this form by Bearsted Cricket Club in accordance with the above and the privacy policy at <http://www.bearstedcricketclub.co.uk/policies/>.

☐ If I have provided information regarding medical issues or disabilities, I consent to the storage and use of that information for the purposes of assessing any additional support required and ensuring adequate care and supervision of my activities.



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☐ I agree to abide by the Club's Code of Conduct and other policies published from time to time at <http://www.bearstedcricketclub.co.uk/policies/>.

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.

EMERGENCY CONTACT DETAILS *(if applying for Full Playing membership)*

To be completed by prospective member. Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Emergency contact name:

Emergency contact number:

I understand that in the event of any injury or illness all reasonable steps will be taken to deal with that injury/illness appropriately and, if necessary, to contact the emergency contact name.

Signature of member:

Date:

Please return form to:

Hon. Secretary
97 Merton Road
Bearsted
Maidstone
ME15 8LX