**Club Use Only** 

Amount Paid:

cash/chq/BACS

Date Paid:



## WHITSTABLE CC SENIOR MEMBERSHIP APPLICATION FORM

As the person completing this form, you must ensure you know what happens to the information you include in this form and to whom it may be disclosed to. Details are set out in the included Privacy Notice.

Upon payment of the Fees, you are given automatic membership of the club and will be issued with a <u>Members Loyalty Card</u> 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 club's website.

SECTION 1: PERSONAL DETAILS			
Name			
Home Address	Postcode		
Telephone Number			
Email			
Date of Birth			
SECTION 2: EMERGENCY CONTACT DETAILS  Please provide the contact details of an emergency contact.  As the person completing this form you must ensure each person whose information you include in this form knows what will happen to their information and how it may be disclosed.  Name			
Phone Number	Relationship		
SECTION 3: MEDICAL INFORMATION			
Please detail below any important medical information that our club captain needs to know, and which could 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.			
GP Name/Surgery	GP Telephone Number		
Medical consent  In the event of requiring first aid or emergency treatment, I give permission for relevant information to be shared with and all decisions to be taken by first aiders and/or attending medical authorities.			

SECTION 4: CONSENTS/AGREEMENTS				
Whitstable Cricket Club 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. Please read the full privacy notice attached carefully to see how the Club will treat the personal information that you provide to us.				
☐ I confirm I have read, or have been made aware of the Club's policies (which can be found on the Club website), and agree to the responsibilities which I have regarding these:				
,	Changing/showering		Missing children	
	Playing in open age (senior) matches		Managing children	
Photography/video Anti bullying an Acceptable Use Policy for U18's	Anti bullying and the code of conduct 3's		Social medial, text and email	
☐ I consent to the club photographing or videoing in line with the club photography/video policy. If you do not wish to give consent for this please contact us to discuss how we can manage any potential photography.				
☐ I agree to taking part in the activities of the Club.				
SECTION 5: AGREEMENT				
By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the privacy notice attached.				
Signature		Date		
Membership Fee: £75.00		ise tick your payme		
	_		0-54-25, Account No: 53365468, please put ) in the reference section	
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	-	Cash	3.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	