COLTS MEMBERSHIP FORM 2019

When elected, all parents/carers named on this form will become Associate Members (non-voting) of Amersham CC for 2019. All colts named will become Colt Members of Amersham CC for 2019. To ensure that we have the correct contact details for you, please insert the information requested below and return this form to either the Colts Secretary or the Membership Secretary. If you are under 16 please also ask your parents or guardian to sign this form before it is returned. We will also use this information to ensure that you are kept informed about club events.

 1st Parent / Carer 2nd Parent / Carer (\*)

|  |  |  |
| --- | --- | --- |
| Forename: |   |   |
| Surname: |   |   |
| Address: |   |   |
|
|
|
| Postcode: |   |   |
| Home Tel: |   |   |
| Mobile: |   |   |
| Email: |   |   |

 1st Colt 2nd Colt

|  |  |  |
| --- | --- | --- |
| New Member for 2019 Season? |  Y/N |  Y/N |
| Forename: |   |   |
| Surname: |   |   |
| DOB: |   |   |
| Mobile(\*): |   |   |
| Email(\*): |   |   |
| M/F: |   |   |
| Medical Info(\*): |  |  |

[Optional \*]

 3rd Colt 4th Colt

|  |  |  |
| --- | --- | --- |
| New Member for 2019 Season? |  Y/N |  Y/N |
| Forename: |   |   |
| Surname: |   |   |
| DOB: |   |   |
| Mobile(\*): |   |   |
| Email(\*): |   |   |
| M/F: |   |   |
| Medical Info(\*): |  |  |

[Optional \*]

**2019 Subscription (please circle): 1 colt £110 / 2 colts £190 / 3 colts £270/ 4 Colts £350**

|  |  |
| --- | --- |
| Please circle intended payment method: | Cheque / Bank Transfer / Card |

*Please make cheques payable to ‘Amersham CC’ (Colts full name(s) as reference on reverse of cheque) or BACS to Amersham Cricket Club, Lloyds Bank, sort code 30-90-38, account no 49041560 (Colts name(s) as reference).*

***Emergency contact details*** (to be completed by parent/carer)

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

Contact name (e.g. parent/carer):………………………………………………………………..

Emergency contact number: ………………………………………………………………………….

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

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

Official Use Only:

Payment received…………………………………… Y/N

Official Signature…………………………………………………………

***Privacy of Data and GDPR***

The provision of the website and any services we provide may be reliant on information provided by or on behalf of a member, so the member or guardian is responsible for ensuring that any information provided is accurate, correct and up-to-date. Any information held by the Club will be used, for example, to run the website and our club efficiently.

We may use your IP address to help identify you and help diagnose problems with our server and to administer the website.

Cookies: As with most other websites we do use cookies which are files that Web browsers place on a computer's hard drive which help us to identify whether you have visited the website previously so that we can make the experience as meaningful to you personally as is possible and to improve the website. Standing alone, cookies do not identify you personally. They merely recognise your browser. Unless you choose to identify yourself to us by registering with us, you remain anonymous to us. Cookies come in two flavours: session-based and persistent

(i) Session cookies exist only during an online session. They disappear from your computer when you close your browser software or turn off your computer
(ii) Persistent cookies remain on your computer after you have closed your browser or turned off your computer. They include such information as a unique identifier for your browser. We use persistent cookies that only we can read and use, to identify the fact that you are a website user or prior website user (whatever the case may be) and to track your use. We are especially careful about the security and confidentiality of the information stored in persistent cookies. These cookies expire after two years

(iii) Users who disable their web browser’s ability to accept cookies will be able to browse our Website but will / may not be able to successfully use our service.

When you give us information about another individual or organisation it is on the basis that they have agreed to this. You are entitled to ask for a copy of your information and to correct any inaccuracies.

All members specifically agree that any information will be stored and used only in accordance with current relevant Data Protection legislation which applies within England and Wales.

***Acceptance of Guidelines***

I confirm that I have read and understood the Code of Conduct for parents and Carers as displayed on the Club website and notice board and agree to abide by its conditions.

I confirm that I have read and understood the Clubs Equity Policy as displayed on the Club website and notice board and agree to abide by its conditions.

I confirm that I have read and understood the Clubs rules for Colts as displayed on the Club website and notice board and agree that I and my child will abide by its conditions.

I confirm that I have read and understood the Clubs rules for Members & Guests as displayed on the Club website and notice board and agree that I and my child will abide by its conditions.

I confirm that I have read and understood the Clubs guidance for the use of Cricket helmets for young players on the website and notice board and agree that I and my child will abide by its conditions.

Signature of parent / carer ………………………………………………………………. Date: …………………………………….

Amersham Cricket Club

Colts

Contact Form 2019

Player Name (Colt 1)…………………………………………………

Age Group and School Year................

Parent / Guardian Name……………………………………………………………………………………………..

Parent / Guardian Contact Phone No …………………………….&………………………………………..

Medical Details (Allergies, Medication, etc…)……………………………………………………………..

In the event of an emergency all efforts will be made to contact you. If this proves impossible please sign the below to give your consent for the Coach to make emergency medical decisions on your behalf.

Sign………………………………… Print………………………………………………………………..Date……..…

**Photography Consent**

I consent to the club photographing or videoing my child's involvement in cricket.

Sign……………………………… Print………………………………………………………………….Date…………

**(Please complete even if your son(s)/daughter(s) was/were a member in previous seasons)**

Amersham Cricket Club

Colts

Contact Form 2019

Player Name (Colt 2)…………………………………………………

Age Group and School Year................

Parent / Guardian Name……………………………………………………………………………………………..

Parent / Guardian Contact Phone No …………………………….&………………………………………..

Medical Details (Allergies, Medication, etc…)……………………………………………………………..

In the event of an emergency all efforts will be made to contact you. If this proves impossible please sign the below to give your consent for the Coach to make emergency medical decisions on your behalf.

Sign………………………………… Print………………………………………………………………..Date……..…

**Photography Consent**

I consent to the club photographing or videoing my child's involvement in cricket.

Sign……………………………… Print………………………………………………………………….Date…………

**(Please complete even if your son(s)/daughter(s) was/were a member in previous seasons)**

Amersham Cricket Club

Colts

Contact Form 2019

Player Name (Colt 3)…………………………………………………

Age Group and School Year................

Parent / Guardian Name……………………………………………………………………………………………..

Parent / Guardian Contact Phone No …………………………….&………………………………………..

Medical Details (Allergies, Medication, etc…)……………………………………………………………..

In the event of an emergency all efforts will be made to contact you. If this proves impossible please sign the below to give your consent for the Coach to make emergency medical decisions on your behalf.

Sign………………………………… Print………………………………………………………………..Date……..…

**Photography Consent**

I consent to the club photographing or videoing my child's involvement in cricket.

Sign……………………………… Print………………………………………………………………….Date…………

**(Please complete even if your son(s)/daughter(s) was/were a member in previous seasons)**

Amersham Cricket Club

Colts

Contact Form 2019

Player Name (Colt 4)…………………………………………………

Age Group and School Year................

Parent / Guardian Name……………………………………………………………………………………………..

Parent / Guardian Contact Phone No …………………………….&………………………………………..

Medical Details (Allergies, Medication, etc…)……………………………………………………………..

In the event of an emergency all efforts will be made to contact you. If this proves impossible please sign the below to give your consent for the Coach to make emergency medical decisions on your behalf.

Sign………………………………… Print………………………………………………………………..Date……..…

**Photography Consent**

I consent to the club photographing or videoing my child's involvement in cricket.

Sign……………………………… Print………………………………………………………………….Date…………

**(Please complete even if your son(s)/daughter(s) was/were a member in previous seasons)**