



BROADSTAIRS CRICKET CLUB Player Profile & Membership Form (Adult players)

- Once completed, the form should be returned to Andy Marshall or emailed to broadstairscricketclub@gmail.com.

Membership fee of £50 payable by BACS to:

Broadstairs Cricket Club HSBC - Sort Code 40-15-02, Account Number 71032216

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/she participates through the Club. In some cases this may require the Club to disclose the Information to County Boards, Leagues and to the England and Wales Cricket Board.

Section 1 Personal details

Name	Date of Birth	Gender
Home address	Postcode	Email address
Home telephone number	Work telephone number	Mobile telephone number

Section 2 Disability:

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? Yes No

If yes, what is the nature of your disability?

- | | | |
|--|--|--|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Multiple disability | |
| <input type="checkbox"/> Physical disability | | |

Section 3 Sporting information:

Have you played Cricket before? Yes No

If yes, at what level have you played?

- School
- Club
- County

How would you describe yourself as a cricketer?

- Batsman
- Bowler
- Wicket-keeper

Please provide brief details

Section 4 Coaching qualifications

Do you have any coaching qualifications Yes No

If yes, please indicate what level:

- Activator
- Coach support worker
- Level 2

Please provide brief details

Section 5 Medical information:

Please detail below any important medical information (e.g. allergies, medical conditions, current medication, special dietary requirements, injuries)

Contact information in case of an emergency:

Section 6 Ethnicity – In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group / origin :

A White – British Irish Other (Please Specify) :

B Mixed – White & Black Caribbean White & Black African White & Asian Other

C Asian or Asian British – Indian Pakistani Bangladeshi Other

D Black & Black British - Caribbean African Other

E Chinese or other ethnic group – Chinese Other

Section 7 Additional information

Please provide any additional information that you think the club should be aware of. In particular, we are always looking for new volunteers to help with the running of the club. If you have any particular skills to offer, please give details below:

Section 8 Authorisation and consent

Please tick each box where you agree (or delete if you do not agree)

I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the club of any changes to this information.

I confirm I have read, or been made aware of, the club's policies and guidance documents

I understand and agree to the responsibilities which I have in connection with these policies.

I agree to the information given on this form being Broadstairs Cricket Club databases and used for related communications. Access to these databases is limited to Broadstairs Cricket Club committee members and is not shared with any other organisation.

I agree to my telephone number, address or e-mail address being given to other players who have a cricket-related reason for requesting it.

I agree to receive email communications from the club

[NOTE: THIS BOX SHOULD BE LEFT UNTICKED IF YOU DO NOT AGREE]

Important – please read, tick boxes and sign this section

Signed

Date of signing: