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|  |  | **http://www.anstycc.org.uk/index_htm_files/2994.jpg** |

**Senior Player Registration Form 2019**

We are very pleased to welcome you as a member of Ansty Cricket Club. To ensure we have the correct contact details for you, please fill out this Registration Form and return it with payment to Owen Travis (see details below in Section 4).

We will also use this information to ensure that you are kept informed about events and information from Ansty Cricket Club.

Sections 1 - 5 must be completed by everyone and Section 6 for under 18s.

**Section 1 – Personal Details.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Player’s Name: |  | | | | | | |
| Address: |  | | | | | | |
|  |  | | | Postcode: |  | | |
| Home telephone number: | |  | | | | | |
| Mobile: | |  | | | | | |
| Email: | |  | | | | | |
| PLACE AND DATE OF BIRTH  SUSSEX LEAGUE REQUIREMENT | |  | | | | | |
| Indicate if U18 [as at 01/09/2018] | |  |  | | |  |  | |  |  |

**Section 2 – Disability and Medical Information**

Please detail below any disability or important medical information that our managers / coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.). Please select and complete the following as appropriate:

|  |  |
| --- | --- |
| I have no illness, physical disability or allergy. |  |
| I have the following illness, disability or allergy.  *Please give details* |  |

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’. Disabilities include: visual impairment, hearing impairment, physical disability, learning disability and multiple disability.

**Where you have a serious illness please also confirm that you have checked with your GP that you are fit to play cricket.**

**Please also note that where you may require treatment or medication in connection with an illness, disability or allergy, we require you to identify this to your team captain at each game you play or training session.**

**Section 3 – Emergency Contact Details**

Please insert the information below to indicate the person who should be contacted in the event of an incident / accident:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Emergency Contact Person : |  |  |  |  |  |
| Name: |  | | | | | |
| Relationship |  | | | | | |
| Home Tel: |  | | | | | |
| Work Tel: |  | | | | | |
| Mobile Tel: |  | | | | | |

**Section 4 – Subscriptions**

**Please note that for 2019 we are charging a single cricket club subscription which includes practice sessions, including the winter nets. In order to ensure insurance cover, registration and subscriptions payment must be submitted before taking part in nets and/or playing. Match fees will be levied on match days.**

PLEASE NOTE THAT BOTH PART 1 & 2 ARE REQUIRED FOR FULL REGISTRATION

|  |  |  |  |
| --- | --- | --- | --- |
| PART 1 | **Ansty Cricket Club Subscription**  £70 Full Season or £45 Part Season for Returning Students (Restricted By University/College commitments where a significant part of the season is missed). The charge for payments received after the 1st May 2019 will be £100 and £75 respectively. | **£** | (please insert amount) |
| PART 2 | **Ansty Sports & Social Club Subscription**  Family £20 ( Husband, Wife, Partner + Children up to 16 )  Single £15  PLEASE STATE “PAID” IF PART 2 HAS ALREADY BEEN PAID SEPERATELY TO THE SPORTS & SOCIAL CLUB | **£** | (please insert amount) |
|  | **PART 1+2 TOTAL** | **£** | (please insert amount) |
| Please complete as appropriate and EITHER enclose a cheque payable to: **‘Ansty Cricket Club’** and send to:  OR  Pay electronically: 20-49-76 A/C No. 80385840 using the player’s name as the reference. Completed forms can either be scanned and submitted by e-mail to [otravis@gotadsl.co.uk](mailto:otravis@gotadsl.co.uk) or otherwise posted. | | **Owen Travis**  **12 Fairfield Way**  **Haywards Heath**  **West Sussex RH16 1UT** | | |

**For Family Membership of AS&SC (Part 2 above) please list all family members:-**

|  |  |
| --- | --- |
| **NAMES** | **Date of Birth if under 16** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 5 – Declaration:**

|  |
| --- |
| I have provided the Club with all relevant information concerning disability and medical information (Section 2), and I am satisfied that I am fit to play cricket.  I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury / illness appropriately. |
| I have read the Ansty Cricket Club Code of Conduct for Cricket Club Members and Guests. I understand that I am expected to abide by the Code of Conduct. I am also in receipt of the Club’s GDPR Privacy notice for members. |

|  |  |
| --- | --- |
| **Signature of player:** |  |
| **Date:** |  |

**Section 6 – Parental Consent (U18s only):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate here if you are happy for your son/daughter to share transport and changing facilities with Senior players: | | |  | Yes / No |
| If YES, parent/guardian please sign to confirm agreement: |  |  | | |
| Print Name: |  | Date: | | |