



Rockhampton Cricket Club

MEMBERSHIP APPLICATION FORM: 2018 SEASON

Please complete all relevant sections

NAMES OF ALL APPLICANTS (<i>players first</i>)	DATES OF BIRTH			SCHOOL YEAR GROUP

ADDRESS

POST CODE _____

TYPE OF MEMBERSHIP

	✓
Senior Cricket Member*	£80
Full Member (non playing)*	£35
Family (parents & children)*	£35
Associate (non-playing, social)	£10

PHONE NUMBER _____

MOBILE PHONE NUMBER _____

E-MAIL ADDRESS _____

STUDENTS ONLY

SCHOOL NAME

DOCTOR'S NAME & SURGERY

NEW APPLICATION (please tick)

RENEWAL (please tick)

MEMBER'S SIGNATURE

* = includes voting rights, reduced hire charges, availability of club equipment

Online Payments can be made to the RCC Membership account –
Sort Code: 40-44-41; Acc. No. 71505912 – please use the member's name to enable us to identify the payee.

**PLEASE RETURN THE COMPLETED FORM WITH YOUR SUBSCRIPTION TO EITHER
THE MEMBERSHIP SECRETARY (MICK HANCOX) or TEAM MANAGER/COACH
MANY THANKS FOR YOUR COOPERATION**

Data Protection Act

Personal data contained in this form will be held by the Membership Secretary, the Child Protection Officer, Team Managers, First Aiders (or any nominated in their place) and will be used by Rockhampton Cricket Club for membership or health problems and any regulatory ECB or BYCL audits.

I/We agree to allow data of my child/children to be available to those mentioned above for the purposes of Rockhampton Cricket Club only.

Signature of Parent/Guardian: _____

Photography

From time to time, Rockhampton Cricket Club may take photographs of the children for team pictures whilst playing cricket. These pictures will solely be for parents or publications by Rockhampton Cricket Club such as programmes, newsletters, web site or promotional material in connection with RCC. Names will not be used to identify individual children. If you agree with this, please sign at the appropriate place below. If you do not, we will ask the coach to exclude your child/children from all photography as far as reasonably possible. RCC is not responsible for any photography taken by persons not associated with the club.

I/We agree to allow photographs of my child/children for the purposes of RCC only.

Signature of Parent/Guardian: _____

First Aid

Occasionally players may sustain an injury which requires first aid. We have trained first aiders present at RCC and this is permission for them to give your child/children first aid and, if considered necessary, the right to call an ambulance.

I/We agree for necessary treatment to be administered to my child/children by an appointed first aider, whilst at cricket/training for RCC.

Signature of Parent/Guardian: _____

Known Medical Conditions

If your child/children has/have any known medical conditions, please list them below:

Declaration

I/We declare the information in this form to be true.

I/We understand RCC has established rules and guidelines as laid down in the club's Constitution and that I/We will abide by them and are responsible for the child/children off the field of play.

Signature of Parent/Guardian: _____

Date: _____