



Dear Parent

Please find enclosed forms to renew your membership to Findon CC for 2018.

We require these forms to be completed each year so that coaches and managers are up to date with information for all players.

We would like to ask parents to think about becoming a social member of the club this is £15 and would as I'm sure you recognise help the club as well as maybe encouraging you to get more involved in the clubs social activities.

The club has added some new membership categories at senior level which you may notice on your child's form the aim to help increase membership uptake for the club. I have explained these changes below incase they are of interest to you. We have listened to the membership over the last season and have tried to produce a membership offer that may address some of the issues we had raised. This has resulted in:

- 'Out of County Membership' category the aim is to encourage those who no longer live local still play fo Findon.
- 'Intermediate' category is for all players aged 18-23 regardless of 'student status' this is aimed at easing the sudden step up to full playing membership fee.
- You will notice that there is no longer a Veteran membership but we would expect all who play in the vets matches to be at least social members in effect a reduction for them of £15.

As in previous years payments can be made via the following methods:

- Cheque - payable to Findon CC
- Bank transfer using these account details along with the reference shown below
SORT CODE : 09-01-54
ACCOUNT NUMBER : 26604482
REFERENCE : 18-MEM (name)

I will attend on 20th February to collect forms, or you can email me the completed form if you are paying electronically or by telephone banking. When paying by cheque or cash either post form and cheque or bring to nets session.

I hope you will renew your membership for 2018 and look forward to seeing you either at nets or over the season.

Yours Sincerely

Elaine Judges

JUNIOR MEMBERSHIP / RENEWAL 2018

This form is designed to be completed by the parent/legal guardian of any player under the age of 18. The form needs to be signed by the player themselves. Once completed the form needs to be returned to David Glover, Junior Manager (via your age group manager) or Elaine Judges Membership Secretary along with the relevant membership fee no later than 30th March 2018

Name of Child (under 18)	
Address	

DOB	SCHOOL ATTENDED
SCHOOL YEAR	

CONTACT DETAILS OF PARENT/GUARDIAN

NAME :
ADDRESS (IF DIFFERENT)
RELATIONSHIP TO CHILD
CONTACT TELEPHONE NUMBER
CONTACT EMAIL

In the event that the parent/legal guardian cannot be contacted please provide details of an alternative adult who can be contacted and who is aware that his/her details have been given to the club

EMERGENCY CONTACT	TELEPHONE NUMBER
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NAME :
ADDRESS:
RELATIONSHIP TO CHILD

MEDICAL INFORMATION
NAME & ADDRESS OF DOCTOR/SURGERY
TELEPHONE NUMBER

Please detail any important medical information that our coaches/age group managers/junior manager should be aware of
(E.g. epilepsy, asthma, diabetes, current medication, injuries etc.)

Medical Consent	Yes	No
<p>I give my consent that in an emergency situation the club may act in my place, (in loco parentis), if the need arises for the administration of emergency first aid/and or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me as the relevant parent /legal guardian, or the alternative adult I have named in this form</p>		
<p>I confirm that to the best of my knowledge, my child/ the child in my care does not suffer from any medical condition other that those detailed above</p>		
SIGNED PARENT/LEGAL GUARDIAN	DATE OF SIGNING	

INFORMATION ABOUT ANY IMPAIRMENT

The Equality Act 2010 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 your child to have an impairment	Yes	No
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If Yes what is the nature of their disability	
Visual Impairment	Learning Disability
Hearing Disability	Multiple Disability
Physical Disability	Other (please specify)

SPORTING INFORMATION

Has your child played cricket before	Yes	No
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If yes where has this been played	
Primary School (please specify)	Club
Secondary School	County
Special Education Needs	Local Authority Coaching Session

DATA PROTECTION

The club will use this information on the form and other information about the player to administer Cricket activities at the club and this in some cases this may require the club to disclose the information to Leagues, County Boards and the ECB. In the event of a medical issue or child protection issue the Club may disclose information to the relevant authorities. The person completing this form must ensure each person whose information has been provided knows what happens to the information and how it may be disclosed.

PLEASE READ AND CONFIRM THE FOLLOWING BEFORE SIGNING

1 I commit to adherence to the Clubs Code of Conduct. The code of conduct deals with issues relating to photography, video recording, spectating, medical treatment during games, participation in Senior Cricket, mandatory use of protective equipment and transportation to and from games.

2. I have been made aware of the Clubs polices concerning changing/showering , Junior Club Rules, Missing Children, anti-bullying and the Parents code of Conduct

3. I agree to notify the Club of any changes required to existing details held by the club and in particular of any changes on to medical conditions or impairments

4. I am aware of the Role of the Clubs' child welfare officer Karen Whittington and will contact her in the first instance in relation to any issues arising connected to child welfare at the club.

5. I am aware of the Data Protection requirements outlined on this form

6. I understand the Club is not liable for any loss, damage or injury caused to or by a member whilst taking part in activities whilst on club premises.

7. I understand and agree to the responsibilities which I and my child have in connection with the Clubs policies

8 I agree to the child named above taking part in the activities of the club (consent only applies to Junior Cricket)

Consent from child in connection with club photography/video policy
(For players aged 12-18) Please indicate if you DO or DO NOT agree with the statement below

I consent to the club photographing or videoing my involvement in cricket under the terms and conditions in the club photography/video policy.

SIGNED PARENT/LEGAL GUARDIAN

DATE OF SIGNING

Print Name of Parent / Guardian completing the form

Consent from child in connection with club photography/video policy
(For players aged 12-18) Please indicate if you DO or DO NOT agree with
the statement below

I consent to the club photographing or videoing my involvement in cricket
under the terms and conditions in the club photography/video policy.

SIGNED (BY CHILD IF 12 YEARS OR OLDER :

PRINTED

DATE OF SIGNING

JUNIOR MEMBERSHIP / RENEWAL 2018

Name of Child Applying for membership	
Name of Parent/Guardian	
Email Address (BLOCK CAPITALS PLEASE)	
Address	
Date of Birth	
FAMILY MEMBERS * Please put all names and age groups in this box each junior will need a separate form	
I ENCLOSE A CHEQUE FOR £ _____ Made Payable to Findon Cricket Club	I HAVE PAID £ _____ BY WAY OF BACS TRANSFER TO SORT CODE : 09-01-54 ACCOUNT NUMBER : 26604482 REFERENCE : 18-MEM (Name)

2018 MEMBERSHIP FEES

FAMILY *	£120
JUNIOR	£ 45
STUDENT (17-21 IN FULL TIME EDUCATION)	£ 45
INTERMEDIATE (18-23 years of age not in education)	£ 55
SENIOR PLAYING	£ 80
SENIOR PLAYER & SPOUSE	£ 90
OUT OF COUNTY (Senior player living outside Sussex)	£ 55
SOCIAL - INCLUDES VOTING RIGHTS	£ 15
VICE PRESIDENT	£ 30 (Minimum)
CAR STICKER	£ 5

* FAMILY MEMBERSHIP IS DEFINED AS ONE SENIOR PLAYING MEMBER PLUS SPOUSE/
SOCIAL MEMBER AND UP TO TWO JUNIOR MEMBERS

Please return forms to Age Group Manager or Elaine Judges (Membership Sec)

Elaine requires pages 7 along with payment

If you are paying electronically you are welcome to scan and email pages 7 to Elaine at:
elaine.judges@me.com

Cheques or cash need to be given directly to Age group Manager or Elaine Judges

Elaine Judges contact details:

31 Hayling Rise
High Salvington
Worthing BN13 3AL

email: elaine.judges@me.com

mob: 07973747419

Tel: 01903 538936