

THORNTON DALE CRICKET CLUB PLAYER MEMBERSHIP FORM

Name

Address

Post Code

Home Tel.

Mobile

Email

Date of Birth <small>Under 19s Only</small>	D	D	M	M	Y	Y	Y	Y	Age at previous September 1st	
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Emergency Contacts	Person 1	Person 2
	Name	Name
	Relationship	Relationship
	Home Tel.	Home Tel.
	Work Tel.	Work Tel.
	Mobile	Mobile

Medical Conditions

Please detail any medical information that the Club's Junior Coaches/Welfare Officer/Captains should be aware of

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, please give details

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other - Specify

Information on this Membership Form will be used solely for the purposes of managing the Club and safeguarding the welfare of its players. Details will be kept by the Secretary/Treasurer, Welfare Officer, Junior Coaches for junior coaching and matches, and Senior Captains for practices and matches.