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| **Personal Details** | | | | |
| **Full Name** |  | | | |
| **Address** |  | | | |
| **Postcode** |  | | | |
| **Home Contact Number** |  | | | |
| **Mobile Contact Number** |  | | | |
| **Email Address** |  | | | |
| **Date of Birth** |  | Age | **Nationality** |  |

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| **Membership Type**  Please identify the required membership and forward this form to:  Lynn Cook, 17 Pembroke Way, Stourport on Severn, Worcestershire, DY13 8RY. cooksjl68@gmail.com  (All under 18’s should complete a junior membership form) | | | | | | | |
| **Please Tick** | **Membership Type** | | **Cost Please Tick One** | | | | |
|  | Full Male Playing (Over 18) | £50 per season  To be paid by 1st April **OR** £10 a month April-September(£60 total)  *Cash, chq or bank transfer bank only* | | | | *Full payment* | *Monthly* |
|  | Full Ladies Playing | £10 per season | | *Cash, chq or bank transfer* |  | | |
|  | Life Member | Free Of Charge | |  |  | | |
|  | Wednesday Night or Sunday Only  Includes Stagborough/San Marino CC | £10 per season | | Cash, chq or bank transfer |  | | |
|  | Social Member including Archery | £10 per season | | Cash, chq or bank transfer |  | | |

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| **Payment Options (Please Tick)** | | | | | | | |
| **Cash** |  | **Cheque** | Payable to:  Stourport Cricket Club |  | **BACS** | Bank: HSBC  Sort Code: 40-43-18 Acc No: 90785024  Ref: *NAME* Subs |  |

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| **Stourport Cricket Club must be aware of the following medical conditions:** |

I declare that the above facts are correct and I have not signed another registration form for any other cricket club this season. Having read and understood the club rules/code of conduct and selection policy I agree to abide by them. I agree to take part in senior matches and do so at my own risk.

I consent to having my contact details used by Stourport Cricket Club for the purposes of Cricket Club Business. I understand that I can withdraw consent at any time by contacting the Club Chairman or Club Secretary.

In the event that I am injured whilst playing cricket or travelling to and from cricket events, I hereby give my consent to receive medical treatment or attention

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| *In the event of an emergency, contact:* | | | **Name**: |  | | | |
| **Relationship** |  | **Contact No 1:** | | |  | **Contact No 2:** |  |