**Hampton Hill Cricket Club Member Registration Form 2020**

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| **D*ata Protection.*** *Information disclosed on this form will be confidential and only people who need to know will have access to this information. As the person completing this from, you must ensure that each person whose information you include in this form knows what will happen to their information and how it may be disclosed.*  *The club will not pass on personal data to third parties for marketing purposes.*  ***The law on data protection requires members to give their consent to receiving information about the club and its activities. Please sign below to continue to receive such information.***  *Please Sign Here*   |  | | --- | |  | |

Section 1 – Personal details

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| --- | --- | --- |
| **Name of Member** |  | |
| **Membership category** |  | |
| **Date of Birth** |  | Male / Female |
| **Home Address** |  | |
|  | |
|  | |
| **Post Code** |  | |
| **Home Telephone:** |  | |
| **Work Telephone:** |  | |
| **Mobile Number:** |  | |
| **Email** |  | |

**Section 2 – Emergency contact details (Playing members only)**

|  |  |
| --- | --- |
| **Primary Contact:** |  |
| **Relationship:** |  |
| **Home Telephone:** |  |
| **Mobile Number:** |  |
| Please provide details of an alternative adult who can be contacted by the Club. Please make this person aware that his or her details have been provided as a contact for the Club: | |
| **Alternative Contact:** |  |
| **Telephone:** |  |
| **Relationship:** |  |

**Section 3 – Disabilities**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| The Disability Act 1995 defines a disabled person as anyone with *‘a physical or mental impairment, which has a substantial and long term effect on his or her ability to carry out normal day–to–day activities’.* | | | | | | | |
| **Do you consider yourself to have a disability?** | | |  | **If Yes, is this:** | | **Visual Impairment** |  |
| **Learning Disability** |  | **Multiple Disability** |  | **Hearing Impairment** |  | **Physical Disability** |  |

**Section 4 – Medical Information (Playing members only)**

|  |  |
| --- | --- |
| Please provide relevant medical information (e.g. allergies, medical conditions, current medication, special dietary requirements, recent surgery, injuries, asthma inhaler, epi pen). Please use a further page as required. | |
|  | |
|  | |
| **Name of Doctor:** |  |
| **Name & Address of Surgery:** |  |
|  |
|  |
| **Telephone:** |  |

I confirm I have read (available on [www.hamptonhillcricket.co.uk](http://www.hamptonhillcricket.co.uk) or in hard copy at the HHCC clubhouse), Hampton Hill Cricket Club’s Code of Conduct and agree to abide by it. I understand that not abiding by this Code of Conduct may result in my membership of the club being terminated.

Would you prefer future newsletters / AGM papers to be sent by email, rather than posted? Yes / No

Signature: Date:

Printed Name:

*Please complete, sign and return to Dave Mackinney, 89 Kneller Gardens, Isleworth, TW7 7NR or email to D.MACKINNEY@sky.com*