



MEMBERSHIP APPLICATION FORM 2020

Section 1 – Membership costs for 2020 are as follows:

MEMBERSHIP TYPE	FEE	PLEASE TICK ✓
Club Membership	£50.00 (reduced to £30)	
U19 Club Membership	£20.00 (reduced to £15)	

All Memberships must be paid by 1st July 2020. Please Note: This figure is reduced due to the conditions around COVID19. Payments can be paid in instalments with the final payment due by the deadline of 1st July 2020.

Section 2 – Members details:

FULL NAME	
DATE OF BIRTH	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
E-MAIL ADDRESS	

Section 3 – Payment

I enclose a cheque for £_____ made payable to Leicester Caribbean Cricket Club for 2020 subscription. Please note, payment should be in full, but, a minimum of £15 (for adults) is accepted immediately, followed by instalments up to 1st July by which time the full amount is expected.

Please return completed membership form and payment to the Chair or Treasurer, or via post to:

Yahya Hafejee
48 Dale Street
Leicester
LE2 0FX

Section 4 – Information about any Impairment

Please provide information about any impairment you may have so that we can determine what reasonable adjustments may be required to support your full participation in club activities.

Do you consider yourself to have any impairment(s) Yes No
 If yes, what is the nature of the impairment?

- Visual impairment
- Hearing Impairment
- Physical impairment
- Learning Difficulty
- Multiple Impairments

Other (please specify)

If you have ticked yes in any box above, please provide us with any additional information that will assist us to ensure you are fully supported whilst at the club.

Section 5 – Medical Information

Name of Doctor / Surgery:

Doctor / Surgery Telephone Number:

Please detail below any important medical information that our coaches/social co-ordinator should be aware of (e.g. epilepsy, asthma, diabetes, current medication, injuries, etc.)

Medical Consent:

I give my consent that in an emergency the club may act on my behalf, 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 the emergency contact I have named on this form.

I confirm that to the best of my knowledge, I do not suffer from any medical condition other than those detailed above.

Section 6 – Emergency Contact Details (Alternative Contact)

In the event of an incident or emergency please provide details of an emergency contact 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.

Name	
Relationship to You	
Address	
Daytime Telephone Number	
Evening Telephone Number	

Section 7 – Data Protection

The Club will use the information provided on the Membership Form to administer cricketing activities at the Club and in any other activities in which you participate through the Club and to care and supervise activities in which you are involved.

In some cases, this may require the Club to disclose the information to County Boards, Leagues and to the England and Wales Cricket Board. In the event of a medical issue or safeguarding issue arising, the Club may disclose certain information to doctors or other medical specialists and/or to the police, adult social care, the courts and/or probation officers and, potentially to legal and other advisers involved in an investigation.

As the person completing this form, 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.

Section 8 - Waiver of Liability

I understand, accept and agree to the following conditions:

1. I understand that in order for me to participate as a member of Leicester Caribbean Cricket Club (LCCC) in the Club's activities & events, I must agree to be bound by this Waiver of Liability and that I do so willingly and of my own free will.
2. I agree that medical and personal injury insurance coverage while participating in any event/activity organised by or on behalf of LCCC is solely my responsibility.
3. I confirm that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon me (as a participant or guardian).

Section 9 – Declaration

I agree to abide by the rules and regulations of Leicester Caribbean Cricket Club and, I understand the Waiver of Liability (section 8).

SIGNED	
NAME	
DATE	

This Membership will run from 1st April 2020 to 31st March 2021