



# INTERMEDIATE MEMBERSHIP FORM 2017 SEASON (School Year 11 onwards, in full-time education and aged under 23)

We are very pleased to welcome you to Sarisbury Athletic Cricket Club.

This form is to be completed for all Intermediate members - new or existing. Please complete this form and return to Fran Slater by e-mail to [sarisburycricketmembership@gmail.com](mailto:sarisburycricketmembership@gmail.com), or by hand if necessary via the Clubhouse.

If you are under 18 please also ask your parents or guardian to sign the form before it is returned.

We will use this information to ensure that you are kept informed about club events.

## PART A - Members Personal details

|                |  |
|----------------|--|
| Name:          |  |
| Address:       |  |
| Postcode:      |  |
| Home tel no:   |  |
| Mobile:        |  |
| Email:         |  |
| Date of birth: |  |

## Emergency contact details

Please insert the information below to indicate the person who should be contacted in event of an accident.

Contact name:

Emergency contact number:

Sarisbury Athletic Cricket Club is run by dedicated volunteers who give up their spare time so that you can enjoy playing cricket. The club provides the facilities and equipment, along with qualified ECB Coaches. All other help and assistance, however, has to come from volunteers.

Please look at the list below and indicate anything you may be able to help with. If there is any other way in which you could help please let us know.

|                                    |                          |                    |                          |             |                          |                      |                          |
|------------------------------------|--------------------------|--------------------|--------------------------|-------------|--------------------------|----------------------|--------------------------|
| Managing a Team                    | <input type="checkbox"/> | Coaching assistant | <input type="checkbox"/> | First Aid   | <input type="checkbox"/> | Building Maintenance | <input type="checkbox"/> |
| Ground Maintenance                 | <input type="checkbox"/> | Scoring            | <input type="checkbox"/> | Umpiring    | <input type="checkbox"/> | Administration       | <input type="checkbox"/> |
| BBQ's                              | <input type="checkbox"/> | Bar work           | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | Publicity            | <input type="checkbox"/> |
| Feeding cricket stats to Webmaster | <input type="checkbox"/> |                    |                          |             |                          |                      |                          |

**By signing this form I agree to abide by the Code of Conduct and Rules laid down by the club and I acknowledge that the Code of Conduct has been made available to me on the SACC website. I understand and accept that if my behaviour is detrimental in any way to Sarisbury Athletic Cricket Club then appropriate disciplinary action will be taken and that if my membership is terminated under these circumstances no refund of monies paid will be made.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Intermediate Membership Fee for the 2017 Season is £40 which comprises £25 for Membership and £15 for summer coaching. Please pay by Electronic banking – details are as follows:**

**Account Name: Sarisbury Athletic Cricket Club (SACC)  
Sort Code: 20-30-89  
Account Number: 20764043**

**If for any reason you are unable to pay electronically please contact the membership secretary.**

**PLEASE NOW TURN OVER AND COMPLETE PAGES 3 and 4**

## 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, what is the nature of your disability?

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other (please specify)

## UNDER 18'S ONLY - Permission to take photographs and use of contact information

I CONSENT / DO NOT CONSENT to my child being photographed in team pictures or during matches and practice sessions (delete as appropriate)

I CONSENT / DO NOT CONSENT to my child's contact details being held by the relevant Captains/Managers on their personal devices (delete as appropriate)

**Note: both signatures are required**

Parent /Carer signature \_\_\_\_\_

Child signature (aged 16-18) \_\_\_\_\_

For further clarification, please read "SACC photographic policy" on the club website

## Medical information

Please detail below any important medical information that our coaches/ managers should be aware of - e.g. epilepsy, asthma, diabetes etc.

## PART B – Self Declaration

The England and Wales Cricket Board (ECB) and affiliated cricketing organisations, including this Cricket Club, aim to promote equality of opportunity for all persons and welcome participation from a wide range of individuals, including those with prior criminal records. The membership/voluntary position for which you have applied is an exempted occupation for the purposes of the Rehabilitation of Offenders Act 1974 (as amended by the Rehabilitation of Offenders Act 1975). All 'spent' and 'unspent' convictions must be declared. Having an 'unspent' conviction will not necessarily impede your involvement with Cricket: this will depend on the circumstances and background to your offence. If you fail to disclose an offence and the ECB or any affiliated

organisation is later informed of any undisclosed criminal matter, you may be subject to disciplinary action. Evaluation of information is based on strict confidentiality and discretion.

**1. Have you ever been convicted of any criminal offences or accepted any reprimands or cautions or Police warnings?**

Yes  No

If yes, please supply details of any criminal convictions:

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**2. Are you a person known to any Social Services department as being an actual or potential risk to Children or Young People?**

Yes  No

If yes, please supply details:

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**3. Have you ever had a disciplinary sanction (from any sports or other organisation's governing body) relating to child abuse?**

Yes  No

If yes, please supply details:

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**I understand that it is necessary for me to declare any information requested and that the membership/voluntary position for which I have applied may involve access to Children, Young People and/or Vulnerable Adults. I hereby give my consent to the ECB for it to conduct a Disclosure and Barring Service (DBS) check if so required. The ECB Child Protection Manager may be informed of disclosed information.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_