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

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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(All under 18’s should complete a junior membership form) | | | | | | |
| **Please Tick** | **Membership Type** | **Cost** | | | | |
|  | Full Adult (Over 18)  Includes Playing Shirt Every 2 Years | £80 per season  £100 if paid after March 1st | *Shirt Size Required* | *Personalised +£3* | | *+£4 for Long Sleeve* |
|  |  | |  |
|  | Full Time Student (Over 18)  Includes Playing Shirt Every 2 Years | £45 per season  £55 if paid after March 1st | *Shirt Size Required* | *Personalised +£3* | | *+£4 for Long Sleeve* |
|  |  | |  |
|  | Associate Member | Free Of Charge | | | | |
|  | Life Member | £FOC  £20 for shirt, if required | *Shirt Size Required* | | *+£ for Long Sleeve* | |
|  | |  | |
|  | Ladies Member | £5 per season | | | | |
|  | Wednesday Night Only  Includes Stagborough CC/Wilden | £10 per season | | | | |
|  | Guest Player | £FOC  Limited to Sunday and Wednesday Cricket for 2 games ONLY | | | | |
|  | Players joining after July 1st | £40 per season  No Shirt Included | | | | |

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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, 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:** |  |

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |