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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 |
| **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 | £5 per season(£1 for each other family member after £5) |
|  | Life Member | £FOC£20 for shirt, if required | *Shirt Size Required* | *+£ for Long Sleeve* |
|  |  |
|  | Ladies Member | £5 per season |
|  | Wednesday Night OnlyIncludes Stagborough CC | £10 per season |
|  | Guest Player | £FOCLimited to Sunday and Wednesday Cricket for 2 games ONLY |
|  | Players joining after July 1st | £40 per seasonNo Shirt Included |

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