

**KIDLINGTON CRICKET CLUB**  
**MEMBERSHIP FORM**  
**Subscriptions 2010 season**  
**1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011**

Type	Cost	Tick	Notes
Adult Playing Member	£25		2010 Season Only
Family Membership	£25		2010 Season Only
Student (18 or over)	£25		2010 Season Only
Junior Member (under 18)	£25		2010 Season Only Please also complete page 2
Non playing member (Associate)	£25		2010 Season Only
Winter Membership Only (Oct 2010-Feb 2011)	£10		2010 Season Only
Life Members who do/do not wish to Donate to Kidlington Cricket Club, Please insert amount in the cost column			

If Family Membership is required, please complete additional family member(s) details on reverse

Applicants Details;

Name ..... Date of Birth:.....

Address.....

.....Post Code .....

Telephone Home ..... Mobile .....

E-mail \_\_\_\_\_

**COMPLUSORY WEARING OF PROTECTIVE HELMETS**

In line with E.C.B. rules, it is club policy that all young cricketers under the age of 18 years, who play the hard ball game of cricket whilst representing Kidlington Cricket Club., either in matches or practice, will wear a *protective cricket helmet* when batting or standing up to the wicket whilst keeping wicket.

***There can be no exceptions to this policy***

I confirm that the above details are accurate and correct and apply for membership

SIGNED..... DATED .....

**Once payment is received** you will be granted access to the KCC Members forum

Please make cheques payable to Kidlington Cricket Club and give this form with your payment to your Team Captain/Manager or post to Karen Fido (28 Evenlode Crescent, Kidlington, Oxon, OX5 1RF)

**FOR JUNIOR MEMBERS PLEASE COMPLETE BELOW**

**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 please state nature of disability

**MEDICAL INFORMATION:** Please detail any important medical information that our coaches/junior co-ordinator/managers should be aware of (e.g. epilepsy, asthma, diabetes etc)

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**INDEMNITY:** (to be signed by parent/guardian/carer)

I agree that whilst The Cricket Club will make every effort to protect my son/daughter against injury or accident, I will not hold the Club or Clubs appointed representatives responsible for any accident or injury that may occur on or off the premises. I also acknowledge that it is the policy of The Cricket Club for all Juniors under the age of 18 years to wear a cricket helmet when batting, standing up to the stumps when keeping wicket against a hard cricket ball in all matches, as well as in practice, including net practice.

**Signed** .....**Dated**.....  
(parent, carer, guardian)

**EMERGENCY CONTACT DETAILS**

To be completed by parent/guardian/carer, in the event of an incident/accident.

**Contact Name:** .....

**Emergency Tel Nos.** .....

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*By signing this form, I agree to my child taking part in the activities of the club. I understand that wherever possible, I will be kept informed of these activities, e.g. training and transport details. I also understand that in the event of injury/illness all reasonable steps will be taken to contact me and that the injury/illness will be dealt with appropriately by the official of the club present.*

**FULL NAME** .....**(ASSOCIATE MEMBER)**

**SIGNED** .....**DATED**.....

Should you not wish at anytime for photographs of your child to be taken by your Manager or Manager’s representative please tick