

Club Membership Form



Honley Cricket Club

SEASON _____

No	Full Name	Date of Birth	Type of membership (please circle)
1	Senior Player u17 u15 u13 u11 u9 u7 Social Concession
2	Senior Player u17 u15 u13 u11 u9 u7 Social Concession
3	Senior Player u17 u15 u13 u11 u9 u7 Social Concession
4	Senior Player u17 u15 u13 u11 u9 u7 Social Concession
5	Senior Player u17 u15 u13 u11 u9 u7 Social Concession

Address.....Post Code.....

Email.....Mobile.....

Emergency Contact Details

Primary Contact..... Tel / Mob.....

Secondary Contact..... Tel / Mob.....

Health & Medical Information

No	Condition / Health Issue (please circle)	Other / Additional Information
1	Asthma Diabetes Epilepsy Heart Problems Impairment Allergy	
2	Asthma Diabetes Epilepsy Heart Problems Impairment Allergy	
3	Asthma Diabetes Epilepsy Heart Problems Impairment Allergy	
4	Asthma Diabetes Epilepsy Heart Problems Impairment Allergy	
5	Asthma Diabetes Epilepsy Heart Problems Impairment Allergy	

Medication

If any of the members take regular medication then please list in the box below, putting the members number it refers to.

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Signature

Name

Date

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By signing this form I am aware and agree with Honley Cricket Clubs (HCC) data protection policy. I agree to my son or daughter taking part in the activities of HCC (2) I consent to my son or daughter travelling by motor vehicle driven by a HCC official or other known parent, to a match or event in which the team is participating in. (3) I authorise any HCC official or junior coach / manager who may be present in the absence of a parent or Guardian, to consent to medical treatment which in the opinion of a qualified medical practitioner may be necessary. (4) I authorise that my child can be photographed in relation to HCC cricketing activities.

For HCC use only: Amount Paid: _____ Membership Paid: Cash / Cheque Date: _____

HCC Official – Signed _____ Name _____