

**LEATHERHEAD CRICKET CLUB**  
**COLTS MEMBERSHIP FORM**  
**SUBSCRIPTION £60**

**Applicants Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

**COMPULSORY WEARING OF PROTECTIVE HELMETS**

In line with E.C.B. guidelines, the Cricket Committee has agreed that it is now club policy that all young cricketers **under the age of 19 years,** who play the hard ball game whilst representing Leatherhead CC, either in matches of 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: \_\_\_ / \_\_\_ / \_\_\_

Please make cheques payable to **LEATHERHEAD CC** and give this form with your payment to your Team Manager or post to Mrs Sue Crayden, 53 Cobham Road, Fetcham, Surrey, KT22 9HT

**PLEASE COMPLETE FORM OVERLEAF**

**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-coordinator/managers should be aware of (e.g. epilepsy, asthma, diabetes etc)

---

**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 19 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: \_\_\_\_\_  
\_\_\_\_\_

*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