|  |  |
| --- | --- |
| **Rankin’s Cricket Club**  **2024 Adult Membership and Self Declaration Form** |  |

Please complete and return this form (together with evidence of shirt purchase) to [karenjshields@hotmail.co.uk](mailto:karenjshields@hotmail.co.uk) or by post to Karen Shields, 1 Sheridan Close, Rayleigh, SS6 8YR.

\*Please note that only fully paid members are covered by the Club’s insurance policies\*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLAYER DETAILS: | | | | | | | | |
| Surname: |  | | | | Forename: |  | | |
| Date of Birth: |  | | | | | | | |
| Address  (inc postcode): |  | | | | | | | |
| Home Phone: |  | | | | Mobile: |  | | |
| Email Address: | | | | | | | | |
| MEMBERSHIP: | | | | | Subs | Please Tick | | |
| Adult Member (including shirt) | | | | | £130 |  | | |
| Life Member | | | | | Free |  | | |
| Senior Unwaged | | | | | £70 |  | | |
| Lady/Social/Evening Cricket/Sunday Cricket Member | | | | | £30 |  | | |
| EMERGENCY CONTACTS: | | | | | | | | |
| Name | | Relationship | Contact number | | | | Email | |
|  | |  |  | | | |  | |
|  | |  |  | | | |  | |
| MEDICAL: please provide details of all medical conditions or injuries that may be aggravated by participation in cricket or coaching sessions below | | | | | | | | |
| Condition/Injury | | | | | Any Medicines or Treatments Required | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
| SELF DECLARATION: Rankin’s Cricket Club is committed to ensuring that the Club provides a safe, friendly and enjoyable experience for children and vulnerable adults. As part of the ECB’s Welfare of Young People in Cricket policy, Rankin’s Cricket Club requires Senior and Non-playing Club Members to complete the below Self Declaration Statements as part of their membership application. | | | | | | | | |
| Please list any previous clubs you have played at, worked for or volunteered for: | | | | |  | | | |
| The England and Wales Cricket Board (ECB) and affiliated cricket organisations, including this cricket club, aim to promote equality of opportunity for all persons and welcome participation from a wide range of individuals, including those with prior criminal records. The membership/voluntary position for which you have applied is an exempted occupation for the purposes of the Rehabilitation of Offenders Act 1974 (as amended by the Rehabilitation of Offenders Act 1975). All ‘spent’ and ‘unspent’ convictions must be declared (eg must include any past offences including traffic/speeding convictions). Having an ‘unspent’ conviction will not necessarily impede your involvement with cricket, this will depend on the circumstances and background to your offence. If you fail to disclose an offence and the ECB or any affiliated organisation is later informed of any undisclosed criminal matter, you may be subject to disciplinary action. Evaluation of information is based on strict confidentiality and discretion. | | | | | | | | |
| Have you ever been convicted of any criminal offence or accepted any reprimands or cautions or Police warnings? | | | | Yes/No | | | | If Yes, please detail: |
| Are you a person known to any Social Services department as being an actual or potential risk to children or young people? | | | | Yes/No | | | | If Yes, please detail: |
| Have you ever had a disciplinary sanction (from any social or other organisation’s governing body) relating to child abuse? | | | | Yes/No | | | | If Yes, please detail: |
| Once again in the 2024 season, the Club will be live streaming/photographing/videoing matches. We need your consent to use images of you for the purposes of coaching, promoting and celebrating cricket only. Images may be shown or published on websites and/or social media. Further information can be found in the Club’s privacy policy as set out on our website. | | | | | | | | Yes, I consent  No, I do not consent |

I understand that it is necessary for me to declare any information requested and that the membership/voluntary position for which I have applied may involve access to children, young people and/or vulnerable adults. I hereby give my consent to the ECB for it to conduct a Disclosure and Barring Service (DBS) check if so required. The ECB Child Protection Manager may be informed of any disclosed information.

By signing below I confirm that I accept and will abide by the rules of the Club, the Club Constitution and it’s Code of Conduct. I also accept and abide by the above policies.

|  |  |  |
| --- | --- | --- |
| Signature: | Name (in BLOCK CAPITALS): | Date: |
|  |  |  |