**Collingbourne Cricket Club**



**2017 Senior Membership Form**

We are very pleased to welcome you to **Collingbourne Cricket Club*.*** To ensure that we have the correct contact details for you, please insert the information requested below and return to any committee member.  We will also use this information to ensure that you are kept informed about club events, so an up to date email addresses is essential.

**Personal details**

Name:

Address:

Postcode:

Home telephone number:                    Mobile:

Email:

**Emergency Contact Details**

Name:                    Relationship:

Contact Telephone Number:

**Availability**

I am interested in playing cricket (Please circle):

Saturday League

Sunday Friendly

**Data Protection**

I agree to Collingbourne Cricket Club holding my data electronically and in paper form. I understand it will be used by the club and members of its committee to inform me of matches and other events but will not be passed on to any third party.

Signature                                Date

**Sports equality monitoring**

**1.  Ethnicity**

**In order to help the club, monitor its membership can you please tick one of the following boxes to identify your ethnic group/origin:**

Choose one section from A to E and then tick the appropriate box.

A    White

☐ British         ☐ Irish        ☐ Any other white background (please specify):

B    Mixed

☐ White & Black Caribbean    ☐ White & Black African  ☐ White & Asian  ☐ Any other mixed background (please specify):

C    Asian or Asian British

☐ Indian    ☐ Pakistani    ☐ Bangladeshi☐ Any other Asian background (please specify):

D    Black or Black British

☐ Caribbean    ☐ African   ☐ Any other Black background (please specify):

E     Chinese or other ethnic group

☐ Chinese   ☐ Any other (please specify):

**2.  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, what is the nature of your disability?

☐ Visual impairment      ☐ Hearing impairment      ☐ Physical disability     ☐ Learning disability      ☐ Multiple disability

☐ Other (please specify):

**3.  How did you hear about us**

☐ Website      ☐ Poster      ☐ Flyer     ☐ Word of Mouth      ☐ Written publication (Magazine)

☐ Other (please specify):