

Bicester and North Oxford Cricket Club

Junior Club Membership Form 2019

Name:	Date of Birth:			
Address:	Postcode:			
Mobile Telephone:	Home Telephone:			
School:	School Year:			
Email 1: Email 2:				
In the event of an emergency, who should the club contact?				
Name:	Relationship:			
Mobile Telephone:	Home Telephone:			
Medical information - provide below any relevant medical cond				
Do you consider yourself to have a disability? Yes / No (pleas	se circle)			
Parent / Carer undertaking — By returning this completed form, I agree to my child(ren) taking part in the activities of the club. I understand that I will be kept informed of these activities by regularly checking the website and receiving emails / texts from the Youth Cricket team. I have read the Club's policies and Guidelines that relate to Youth Cricket and I am aware that I can access them on the Club website at www.bnocc.com . I undertake that I and my child(ren) will abide by these policies. I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me through the details I have provided on this form. I give permission for any illness / injury to be treated appropriately by trained members of the Club.				
Name of Parent / Carer:				
Parent / Carer signature:				
Date:				
Have you played cricket before? Yes / No (pleas	e circle)			
□ Primary School □ Secondary School □ Club	☐ Other (please specify)			

Photo Permissio	n				
training and match			r BNOCC to use photograp g. on the club website. You		
How did you hear	about BNOCC?				
Facebook:	Twitter: ☐ Pos	ster: □	Leaflet at school: \square	Word	of mouth: \square
Played before: □	Leaflet through	n letterbox:	Article in the local pap	per: □	
			business only and is protenare this data with anyone e		acy policy, as detailed
	PR, please tick the l		to allow us to store your de	tails and share t	hem with members of
☐ I give permissi	on for BNOCC to sto	ore the details	s I have provided on this fo	rm	
☐ I give permissi	on for BNOCC to sh	are the detail	ls I have provided with men	nbers of the con	nmittee
I understand that I	may withdraw my pe	ermission at a	any time by writing to the Cl	ub.	
Please return the	completed form wi	th payment t	to Ann Cummings (annmo	cummings1@gm	nail.com)
For official use					
	Received by:		Online / Cheque / Cash	Date:	Member No.