

# Cambridge Caribbean Cricket Academy (CCCA)

We are very pleased to welcome you to CAMBRIDGE CARIBBEAN CRICKET ACADEMY. To ensure that we have the correct contact details for you, please fill in the form and bring it with you to one of the training sessions or email it to [info@acrgcambridge.org](mailto:info@acrgcambridge.org).

## Personal details (under 18's to be completed by parent or guardian)

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

\_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: (please write this clearly) \_\_\_\_\_

## What Position would You like to play?

<input type="checkbox"/> Bowler	<input type="checkbox"/> Batsman	<input type="checkbox"/> All Rounder	
<input type="checkbox"/> Wicket Keeper	<input type="checkbox"/> Umpire	<input type="checkbox"/> Lines Man	
<input type="checkbox"/> Fielder (please chose a position from the list below)			
<input type="checkbox"/> Centre	<input type="checkbox"/> Third Man	<input type="checkbox"/> Slips	<input type="checkbox"/> Point
<input type="checkbox"/> Wicketkeeper	<input type="checkbox"/> Cover	<input type="checkbox"/> Gully	<input type="checkbox"/> Fine Leg
<input type="checkbox"/> Mid-off	<input type="checkbox"/> Square Leg	<input type="checkbox"/> Mid-wicket	

## Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in case of an accident:

Contact name: \_\_\_\_\_

Emergency contact number(s): \_\_\_\_\_

## Terms

By returning this completed form, I agree to taking part in the activities of the club, to pay the membership fee and to follow the requirements of the Club's constitution, welfare policy and the England and Wales Cricket Board (ECB) Code of Conduct and Disciplinary guidelines.

I authorise the club to store this information, electronically, in compliance with General Data Protection Regulations (GDPR) and to use it for purposes of communication with me, cricket scoring, league registration and participation purposes.

I consent to this information to be held by the club as long as I remain a member, and for two years thereafter, after which time the records will be deleted.

The club constitution, privacy policy, welfare policy and ECB CoC can be viewed upon request.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_