**THE LIVERPOOL & DISTRICT CRICKET COMPETITION (AN ECB PREMIER LEAGUE.)**

**PLAYER REGISTRATION FORM – (Updated 2023)**

 **PART ONE – LEAGUE REGISTRATION PURPOSES**

**Section 1 - PLAYER’S DETAILS:**

*Surname*: ………………………………………………………………………………………………………………………………………

*Forenames*: …………………………………………………………………………………………………………………………….………

*Date of birth*: ……………………………… ………………. Age (if under 19)………………………….

*Address:* ………………………………………………………………………………………………………………………..……………………………..…………………

…………………………………………………………………………………………………………………………………………………………Postcode: ………………

*Tel No (home):* ………………………*Mobile No*: ………………….……………………………….*e-mail*: …….……………………..……………………...….…………

**CITY/TOWN OF BIRTH:** …………………………………..…………..……**COUNTRY OF BIRTH:**.........………………………..….……………….

**IF BORN OUTSIDE OF UK, then PLEASE STATE WHEN ENTERED UK:** ………/………/…………...(evidence may be requested)  **FORM INVALID IF NOT SHOWN**

**SECTION 2 - REGISTERING FOR** (**CLUB NAME)**………………………………………………………………………………… **Cricket Club**

**PREVIOUS CLUB(S) AND LEVEL(S) for previous 5 years *(including Junior or None)*- \*\* FORM INVALID IF NOT SHOWN.**

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**\*\* See Separate Transfer Consent / Release form (if joining from another Cricket Club)**

**SECTION 3: CATEGORY OF PLAYER:** (Tick one box)

 **Category 1**: Player qualified to play for England under current ECB regulations including Overseas born Players who have been resident in England or Wales for more than 210 days during the 12 month period starting 1April (last year) covering the last playing season.. - Please also complete separate declaration form [\_]

**Category 2**: Player qualified to play for England under current ECB regulations, who is currently under contract to play for a first-class county cricket club. Please state which county .[\_]

**Players not qualified to play for England or Wales under current ECB regulations**

**Category 3**  Overseas player to play in 1st XI / 2nd XI / 3rd XI (delete as appropriate: **FORM INVALID IF NOT SHOWN**.) ..[\_]

**SECTION 4: PLAYER PARTICIPATION AGREEMENT:**

 I agree to taking part in the activities of the club and the L&DCC.

I agree to abide by (as required by the ECB) :-

* **GENERAL CONDUCT REGULATIONS**
* **The ANTI – DISCRIMINATION CODE**
* **The SPIRIT OF CRICKET**

 I confirm I have read, or have been made aware of, the club and league policies concerning: :- *Changing / showering / Anti bullying and the code of conduct / Transporting children / Photography / video / Social media, text and email*

I confirm I have read, or have been made aware of, the club and league policies concerning the constitution, playing regulations, player eligibility and qualification criteria**,** disciplinary procedures and code of conduct of the Liverpool & District Cricket Competition and agree to abide by these rules and regulations at all times.

 **I do not have any outstanding commitments to another club. I am not subject to any form of disciplinary action, suspension or ban.**

 I understand and agree to the responsibilities which I have regarding these policies

By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the relevant privacy notice.

**PLAYER’S SIGNATURE:** …………………………………………………………………………… **DATE**…………………….… 20…

**SECTION 5: CLUB PARTICIPATION AGREEMENT: (Form must be signed by a club official)**

I confirm that:

1. the information on this form has been verified by me; and in accordance with Section 2 I have received and will provide a letter of clearance from ………………………………..…….…..CC if applicable)

**CLUB OFFICIAL’S NAME & SIGNATURE:** ………………………………………………………………… **DATE** ……………………... 20….

*NB FORM TO BE FILLED IN BLACK INK and retained by the Club for 2 years.*

**PART TWO – CLUB REGISTRATION PURPOSES ONLY (NB Not required for use by the LDCC)**

**SECTION 1: EMERGENCY CONTACT DETAILS**

As the person completing this form, you must ensure each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

**NAME OF AN ADULT WHO CAN BE CONTACTED IN AN EMERGENCY** …………………………………………………………………………………..

**PHONE NUMBER OF NAMED ADULT** ……………………………………………………………..………………..

**RELATIONSHIP WHICH THIS PERSON HAS WITH YOU**  …………………………………………………………………….…………….

**SECTION 2: DISABILITY**

We will use this information to establish if there are any additional needs / support / adjustments that you may require, please discuss this with us.

The Equality Act 2010 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 have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more? Yes / No

Does this disability or illness affect you in any of the following areas?

 Vision impairment / Hearing impairment / Mobility impairment / Dexterity impairment / Learning impairment / Memory impairment / Mental Health impairment / Stamina, Breathing or Fatigue impairment / Developmental impairment / Has other type of impairment, please provide more details – please circle any that may apply.

**SECTION 3: MEDICAL INFORMATION**

Please detail below any important medical information that our club volunteers need to know, and which would be affected by your participation in cricket activities. Such as: allergies; medical conditions (for example- epilepsy, asthma, and so on); current medication; special dietary requirements, any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us.

Name of doctor/surgery name …………………………………………………………………

Doctor’s telephone number…………………………………………………………………….

Medical consent:

I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the cricket club activity.

***Not providing consent will not affect your membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.***

**SECTION 4 : CLUB AND LEAGUE PHOTOGRAPHY/VIDEO CONSENT**

I consent to the club and league photographing or videoing my involvement in cricket in line with the club photography / video policy.

*If you do not wish to give consent for this, please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your membership of the club.*

**SECTION 5: PRIVACY STATEMENT:**

The L&DCC takes the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.

Please see the full privacy notice (found on the LDCC website under Admin Docs / Player Registration) carefully to see how the L&DCC will treat the personal information that you provide to us.