

WESTFIELD & DISTRICT CRICKET & SPORTS CLUB

Private Ground: GREENMEADS, WESTFIELD, WOKING, SURREY, GU22 9QJ

Founded 1875

President: D Pott
Chairman: J Osgood

Please reply to:

Membership Secretary
Graham Thurley
Westfield & D C & Sports Club
c/o 3 Moor Lane
Woking, Surrey
GU22 9QY

Tel: 01483 722925
e-mail: graham.thurley@gmail.com

I wish to join the Westfield & District Cricket & Sports Club as a:

Please tick the relevant box below

- Junior Cricket (Junior 16-18 years up to 1st May) £20.00
- Junior Bowls (Junior 16-18 years up to 1st May) £20.00
There will be a one-off £10.00 deposit for a changing room key
- Junior Cricket (Junior below the age of 16 years upon the 1st May)
£10.00
- Junior Bowls (Junior below the age of 16 years upon the 1st May)
£10.00

I understand that if I am elected to membership of the club I will be bound by the rules of the club. A copy of the club Rules can be obtained on request from the Club Secretary.

(Please use **BLOCK CAPITALS** except where signature is asked for).

Name: Master/Miss

Address:

.....Postcode.....

Telephone (home)..... (mobile).....

E-mail address.....

Date of application: Usual signature:

Proposed by: Seconded by:

PARENTS OR GUARDIANS MUST COMPLETE THE CONSENT FORM OVERLEAF

*Cricket affiliated to The Club Cricket Conference
Bowls affiliated to Bowls England, Surrey County, West Surrey &
Surrey County Women's Bowling Associations
Member of Sports Woking*

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Please reply to:

CONSENT FORM FOR PARENTS/GUARDIANS

Name of Child: Date of Birth:.....

Address:

.....Postcode:.....

Telephone number: (evening)..... (daytime).....

In the interest of your child it is essential to know whether he or she suffers from any illness or medical condition. Please use the space below to state, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware of. Also indicate any prescribed medication, etc.

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I consent to my child taking part in the Club's activities whether on its premises or away venues. I acknowledge that the Club will take all reasonable steps in the exercise of their duty of care to him/her from accident or other harm. I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of qualified medical practitioner may be necessary, and I accept that such practitioner will need to be informed of any condition/medication disclosed above.

Data Protection. By signing this application, I consent to Westfield & District Cricket & Sports Club holding my child's personal information for administration purposes and contacting: my child* / me* / both of us* to inform of meetings, social activities and news from the Club and informing of external/internal competitions/matches and their selection to play. The Club's Data Protection Policy can be viewed on the website: www.westfieldbowlsclub.com or a copy obtained on request from the Club Secretary.

I am the parent/legal guardian of the child.

Name: Relationship:

Signed: Date:

Note: If you require information on the club's activities, or have concerns regarding your child's participation please contact the Welfare Officer on 01483 612626 or e-mail: rowentodd@gmail.com