

SDA MEMBERS FORM OF REGISTRATION & AGREEMENT

For: SDA INTER COUNTIES DARTS CHAMPIONSHIPS

ONLY SDA COUNTY REGISTERED LEAGUE MEMBERS MAY COMPLETE THIS FORM



PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS

Name of COUNTY I am representing:..... Season: 2021 / 2022

My declared Country of Nationality: ENGLAND ☐ SCOTLAND ☐ WALES ☐ OTHER ☐ Please tick appropriate box]

My Country of Nationality.....

Must be your own, your mother, your fathers or grandparent's country of birth or country in which you have resided for at least 3 x years]

Surname..... Forename..... [i.e. The forename you prefer to be known by]

Male ☐ Female ☐ Date of Birth: Date.....Month..... Year.....

Home address in Full.....

County..... Postcode..... Contact telephone

PLEASE GIVE PERSONAL E-MAIL ADDRESS [For registration into Dart Connect County Data Base and future SDA communications only]

EMAIL:-.....

PARENT / CARER DETAILS

If you are under the age of 16 years of age then please ask your parent/ legal carer to complete the following

Surname.....Forename.....Signature.....

Home address in Full.....

.....County.....

Postcode..... Contact telephone No..... Email

PREVIOUS BICC REGISTRATION

Have you been previously registered as a BICC Player YES ☐ NO ☐ [Please tick appropriate box]

If YES then please specify which County were you last registered for: COUNTY.....SEASON.....

DECLARATION - PREVIOUS INTERNATIONAL RECOGNITION

Have you been previously selected as an International Player YES ☐ NO ☐ [Please tick appropriate box]

If YES then please specify which Country were you last registered for: COUNTRY..... SEASON.....

AGREEMENT The Terms of Agreement that you signed for on the Super League Application Form

SDA PRIVACY STATEMENT The SDA take the protection of the data we hold about you as a member very seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, updated and retained in accordance with current and future UK and EU Data Protection Legislation Please read both the SDA Privacy Notice and the SDA Policy Notice carefully to see how the SDA will treat the personal information

DECLARATION

By returning this completed form I confirm that I have read and understood the privacy statement and Privacy Notice and how data will be used and shared and am willing to abide by the Terms of the SDA County Super League Membership Agreement Signed

Signed:.....
PLAYER

Signed:.....
For and on behalf of THE Scottish Darts Association

Witnessed by:.....
Dated

Witnessed by:.....
Dated:

If this Application is submitted at a mid- season match then it must be countersigned by an officer of the opposing County

Officials Full.....Countersignature..... Date.....