



SDA FORM OF APPLICATION REGISTRATION & AGREEMENT

PART ONE – COUNTY SUPERLEAGUE MEMBERSHIP

TO BE COMPLETED BY ALL APPLICANT SUPER LEAGUE PLAYERS

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS

Name of Super League Team:..... 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:-.....

DO YOU WISH TO BE CONSIDERED FOR THE COUNTY TEAM DECLARED ABOVE YES ☐ NO ☐

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 REGISTRATION

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

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

Declared that you are available for selection into any other County Team YES ☐ NO ☐

IF –Yes Which County

AGREEMENT:

Please tick box if you are in Agreement with the conditions and terms of the SDA Super League Membership

PLEASE TICK BOX TO AGREE ☐

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

PLEASE TICK BOX TO AGREE ☐

Players Signature:..... Date.....

League Secretary:..... Signature: Date