

REGISTRATION DETAILS (PLEASE COMPLETE IN BLOCK CAPITALS)

NATIONAL LEAGUE TEAM: _____ SEASON: 20 ____ / 20 ____

Name of Super League Team: _____

Surname: _____ Forename: _____ Preferred Name: _____

MALE FEMALE (please tick appropriate box) DATE OF BIRTH: ____ / ____ / ____

Home Address (in full): _____

County: _____ Postcode: _____ Contact Number: _____

EMAIL ADDRESS (mandatory for all communications): _____

(such as receiving UKDA information, offers and competitions)

PLEASE TICK THIS BOX to 'opt out' of marketing from Darts Corner and other UKDA partners

PLAYERS UNDER 16 - PARENT / CARER MUST SIGN HERE

Surname: _____ Forename: _____ Signature: _____

Home Address (in full): _____

County: _____ Postcode: _____ Contact Number: _____

EMAIL ADDRESS (mandatory for communication): _____

(such as receiving UKDA information, offers and competitions)

PLEASE TICK THIS BOX to 'opt out' of marketing from Darts Corner and other UKDA partners

SOCIAL MEDIA (we will use these personal channels to tag players to communicate performances)

Twitter Username: @ _____ Facebook Username: @ _____ Instagram Username: @ _____

MY DECLARED COUNTRY OF NATIONALITY

ENGLAND SCOTLAND WALES OTHER (please specify) _____

(Must be your own, your parent's or your grandparent's country of birth or where you have resided for at least 3x years)

PREVIOUS BICC REGISTRATION

Have you previously been registered as a BICC player YES NO

If Yes then please specify which County you last registered for: COUNTY: _____ SEASON: 20 ____ / 20 ____

UKDA PRIVACY STATEMENT

The UKDA 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 securely stored, processed, maintained, updated and retained in accordance with current and future UK and EU Data Protection Legislation.

Please read both the UKDA Privacy and GDPR policies on our website carefully to see how the UKDA will treat your personal information.

DECLARATION

By returning this completed form I confirm that I am in agreement with the terms and conditions of the UKDA Super League Membership. Please tick box to agree

By returning this completed form I confirm that I have read and understood the Privacy and GDPR policies and how data will be used and shared, that I am willing to abide by the Code of Conduct within the UKDA, and that the undersigned will be playing at their own risk during the Covid-19 pandemic.

PLAYERS SIGNATURE: _____ DATE: ____ / ____ / ____

TEAM SECRETARY: _____ SIGNATURE: _____ DATE: ____ / ____ / ____

TO BE SUBMITTED TO THE UKDA NATIONAL LEAGUE DIVISIONAL ADMINISTRATOR.