

British Darts Organisation



BDO FORM OF APPLICATION REGISTRATION & AGREEMENT

PART ONE - COUNTY SUPER LEAGUE MEMBERSHIP

TO BE COMPLETED BY ALL APPLICANT SUPER LEAGUE PLAYERS

COUNTY..... SEASON: 20..... / 20.....

REGISTRATION DETAILS [PLEASE COMPLETE IN BLOCK CAPITALS]

Name of Super League Team:

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

MALE FEMALE [Please tick appropriate box] Date of Birth: Date:..... Month:..... Year:.....

Home address in Full.....

County..... Postcode..... Contact telephone No.....

PLEASE PROVIDE A PERSONAL EMAIL ADDRESS [For future BDO communications only]

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

My Country of Nationality
[Must be your own, your mothers, your fathers or your grandparent's country of birth or where you have resided for at least 3 x years]

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

THIS SECTION FOR COMPLETION ONLY BY PLAYERS REGISTERING WITH ENGLAND COUNTY SUPER LEAGUES

FOR THE CURRENT SEASON HAVE YOU TO DATE:

- a) REGISTERED AS A SUPER LEAGUE TEAM MEMBER IN ANY OTHER COUNTY
If YES – Which County..... YES NO
- b) SIGNED A BDO INTER COUNTY REGISTRATION FORM FOR ANOTHER COUNTY
If YES – Which County..... YES NO
- c) DECLARED THAT YOU ARE AVAILABLE FOR SELECTION INTO ANY OTHER COUNTY TEAM
If YES – Which County..... YES NO

If you have registered as a Super League player in another County but have NOT signed a BICC Form for any County in the current season then you must declare as from which County as registered for Super Leagues with you wish to enter the following Member Events Only One County can be nominated as a PRIORITY COUNTY for the BICC Registration and any or all of the below county play offs

1. BRITISH CHAMPIONS CUP; 2. BRITISH GOLD CUP SERIES; 3. WINMAU WORLD MASTERS; 4. WORLD PROFESSIONAL NOMINATED PRIORITY COUNTY.....

PARENT / CARER DETAILS

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

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

Home address in Full.....

County..... Postcode..... Contact telephone No.....

Email address.....

AGREEMENT

Please tick box if you are in Agreement with the conditions and terms of BDO Super League Membership PLEASE TICK BOX TO AGREE

BDO PRIVACY STATEMENT

The BDO 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 BDO Privacy Notice and the BDO Policy Notice carefully to see how the BDO 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 BDO County Super League Membership Agreement

PLEASE TICK BOX TO AGREE

PLAYERS SIGNATURE..... DATE.....

I hereby certify that the above player has been accepted as a member of the above super league team for the season as specified

TEAM SECRETARY..... SIGNATURE..... DATE.....