

**(Name) Cricket Club**

Surname

***Junior Registration Form***

Please insert the information requested below and return this form to Cub Welfare Officer

**Personal Details**

Forename: ..... Surname: .....

Address: .....

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

Phone:..... Mobile: .....

Email address: .....

Date of Birth:.....School:..... Year Group.....

**Emergency contact details**

Parent/Carer's Name: ..... Phone .....

Parent/Carer's Name: ..... Phone .....

*\* If you are seeking family membership, please give names of other children:*

**Medical Information**

*Please detail below any important medical information that our coaches/junior development officer should be aware of (e.g. epilepsy, asthma, diabetes, etc.)*

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By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

- I give permission for Club coaches/volunteers to transport my son/daughter to or from matches YES/NO
- If my son/daughter plays for a senior team, I give permission for him/her to use the same YES/NO
- changing rooms as adult members of the same sex if he/she wishes to do so
- I give permission for photographs of my son/daughter engaged in cricket activities to be used in YES/NO
- club publications or displays, on the club's website or in the local press solely to promote a
- positive image of young people playing cricket

Date: .....Signature: ..... Name: .....of parent/carer