



Birkby Rose Hill CC Juniors U13/U15/U17

REGISTRATION FORM FOR JUNIOR CRICKET

SURNAME:

FIRST NAMES (IN FULL):

DATE OF BIRTH:

ADDRESS:

.....

POST CODE:

PARENT/GUARDIAN TEL. NUMBER (HOME):

(MOBILE):

PARENT/GUARDIAN EMAIL ADDRESS:

ALTERNATIVE EMERGENCY CONTACT
TELEPHONE / MOBILE NUMBER & CONTACT NAME

.....

DETAILS OF ANY MEDICAL CONDITION OR ALLERGIES

If you need to club to hold any medication and make available or administer as needed this must be specified on this form.

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I would like my child to take part in junior practice and matches organised by BRHcc. I understand that the club and its officers, employees or agents are not under any liability whatsoever of loss of property, accidents or injuries caused during practice or matches played by BRHcc. I do however understand that reasonable care will be taken to ensure my child's safety and lead club officers will be CRB cleared.

In the event of a medical issue or child protection issue arising, the Child Welfare Officer may disclose information to doctors or other medical specialists and/or to police, children's social care as requested.

I agree to transport **my own child to all matches** he/she is selected for or make my own arrangements.

I will not leave my child at any ground home or away if there is no Club Officer present.

By signing the form I consent to my child being Photographed/Videoed for club promotional purposes e.g. Examiner.

Season charge is £ 50 per registration.

SIGNATURE.....(please print).....DATE.....
(PARENT/GUARDIAN)