



Birkby Rose Hill CC

REGISTRATION FORM

SURNAME:

FIRST NAMES (IN FULL):

DATE OF BIRTH:

ADDRESS:

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POST CODE:

TELEPHONE NUMBER (HOME):

(MOBILE):

EMAIL ADDRESS:

ALTERNATIVE EMERGENCY CONTACT

TELEPHONE / MOBILE NUMBER & CONTACT NAME

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DETAILS OF ANY MEDICAL CONDITION OR ALLERGIES

If you need the 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 to take part in practice sessions and matches organised by Birkby Rose Hill cc. 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 Birkby Rose Hill cc.

I declare that I have no outstanding financial liabilities to any club, am not under suspension by any other cricket organisation. I understand that any falsification will lead to instant suspension of my registration. I consent to the retention and use of this information by Birkby Rose Hill cc for the purposes of cricket administration. I agree to abide by Birkby Rose Hill cc rules and disciplinary code.

SIGNATURE.....

DATE.....