
JUNIOR REGISTRATION FORM 2023 2023 SEASON SUBSCRIPTION £100

Payments only by Direct BACS transfer to: Cockfosters Cricket Club
Sort Code: 30-99-31 Account No. 01340198

Please complete all sections:

The junior player's parent/guardian needs to complete & sign the reverse side of this form and return to Geoff Williams via gsw.hudders2@gmail.com

Surname :	
First Name (s) :	
Date of Birth :	DOB
Address : (including post code)
Parents/Guardian names & phone no	mobile no :
Parents/Guardian names & phone no	mobile no :
Email Address	
School :	
School Year :	
Telephone No./Contact Name in case of Emergency	
Doctor Name and Surgery Address/Phone	
Does your child have any mental or physical health problem or disability, allergies or injuries?	Yes / No (If yes please provide details, including details of any current medication)

Cockfosters Cricket Club take the protection of the data that we hold about you as a member seriously. Please read the Club's privacy policy within www.cockfosterscc.co.uk/club-rules to see how the Club will treat the personal information that you provide to us.

PARENTAL CONSENT SECTION

Please indicate your consent or otherwise to the following statements

1	First Aid or Emergency Treatment	Consent	No consent
	I consent to basic first aid being given to my son/daughter should he/she sustain an injury whilst under the supervision of the Club. I understand that, should this occur, the club will endeavor to contact a parent/guardian and also arrange further medical assistance if deemed necessary.		
	I consent to medical details being shared with other coaches/leaders.		
	I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.		
2	Photography and/or Video Recording		
	I consent to video footage being taken in the interests of technical analysis to aid the coaching.		
	I consent to other video (family records) being taken.		
	I consent to the taking of photographs which may be used in Club promotional literature or for Press reports.		
3	Helmets		
	I consent to my/our son/daughter wearing a helmet when batting and wicket-keeping.		

<p>PARENT/GUARDIAN AGREEMENT By returning this completed form, I confirm that I have legal responsibility of Name of Junior:</p> <p>and that I have read and understood the permission statements on this membership form and the Club's privacy policy.</p> <p>Name of parent/guardian (please print) :</p> <p>Signature of parent/guardian</p> <p>Date :</p>

CONTACT DETAILS:-

Chair of JuniorsGeoff Williams.....Tel No...07748665212.....

Club Welfare Officer ...Neil Hale.....neil2358@msn.com