

# REGISTRATION/PERMISSION FORMS



The following form is the necessary permission slip to allow your child to participate NECC colts coaching sessions. Please complete this form and return as soon as possible. Please note that all such information given is confidential.

**Childs Name** .....

**Age** ..... **GENDER BOY/GIRL**

**Name of Parent/Guardian:** .....

**Address:** .....

.....

.....

**Email address** .....

**Contact Phone Numbers of Parents/ Guardians who will collect child at the end of the coaching session :-**

**Name:** ..... **Home:** ..... **Mobile:** ..... **Relationship:**.....

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**Please indicate option required**

1. 6<sup>th</sup> May – 24<sup>th</sup> June (8 weeks) sessions & membership inc, cost £35
2. 6<sup>th</sup> May – 24<sup>th</sup> June & 8<sup>th</sup> July – 26<sup>th</sup> August (16 weeks) sessions & membership inc, cost £50
3. 8<sup>th</sup> July – 26<sup>th</sup> August (8 weeks) sessions & Membership inc, cost £35

Social membership of £20 is required, this is included in the above prices.

**I would like (childs name)..... to attend as per option..... and enclose Cheque/cash to the sum of .....**

(Please make cheques payable to North Enfield CC)

Return registration to:-  
NECC Colts C/O C McKenna  
54 Cannonbury Rd  
Enfield  
EN1 – 3LW

[www.northernfieldcc.co.uk](http://www.northernfieldcc.co.uk)

# MEDICAL QUESTIONNAIRE

**Medical Authorisation** I, ..... (Parent/ Guardian)

hereby give my consent for any emergency medical or surgical treatment which may be **professionally recommended** to be given to my son/ daughter –

.....  
(Name of child)

whilst she/he is under the charge of NECC colts

I appoint NECC to act as my agent in all such matters. In the event of any such medical or surgical treatment being required, my son/ daughter's medical notes are held by:

Dr .....

of ..... (**Name of Practice**)

The telephone number of the practice is: .....

My son/ daughter's **NHS Number** is ..... (from Medical Card)

I declare to the best of my knowledge that my son/ daughter is in good health and fit to fully participate actively in the coaching sessions provided

My son/ daughter is receiving the following **medication**

.....  
.....

Please give details below of **any illnesses** or symptoms your child is liable to suffer from e.g. allergies to drugs or other substances, history of illness or injury.

.....  
.....  
.....

**Date of last tetanus injection** ..... (Should be since 1999)

**Signature of Parent/ Guardian:** .....

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