



REGISTRATION/PERMISSION FORMS 2016

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 completing all the sections.. 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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Groups

- A. Young Cricketers – School Year 9 and above.
- B. U13s – School Year 8.
- C. U11s – School Year 6.
- D. U9s – School Year 4&3.

I would like my child (children) to attend group **and enclose Cheque/cash to the sum of £**.....

(Please make cheques payable to North Enfield CC)

Please return all completed forms and money to;

North Enfield Cricket Club Juniors
C/o Chris Mckenna
18 Jacksons Drive
Cheshunt
Herts
EN7 6HN

Planning for future growth of the Colts, please indicate whether your child/children have any younger siblings which may interested in attending once they get to the required age;

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.....
.....

Please use this checklist to ensure you have the required information ready to send;

Membership/Medical Form Cash/Cheque

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.

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.....
.....

Date of last tetanus injection (Should be since 2006)

DECLARATION

I do / do not give permission for photos/videos of my child to be used in North Enfield Cricket Club promotional material, Club website, Social Media account, etc.

I confirm I will adhere to the Club Rules and Code of Conduct (which can be found on the Club website) and ensure my child/children and any guests of mine at Club events adhere to these.

Signature of Parent/ Guardian:

Date:.....