



REGISTRATION / PERMISSION FORMS 2018

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.

	Name	Date of Birth	Gender M / F
1st Child			
2nd Child			
3rd Child			
4th Child			

Name of Parent / Guardian: _____

Address:

Email address: _____

Signed _____

Date _____

Player must be 6 on the 25th April to be eligible to join.

- U7 and U8s - School Years 1, 2.
- U9s - School Years 3 and 4
- U10s – School Year 5 and 6.
- U13s – School Years 7,8 and 9.
- U15s – School years 9 and over.

One Child = £75.00 Two Children = £125.00 Three Children = £175.00 Four Children = £225.00

I would like my child (children) to attend the Colts training sessions at North Enfield and where applicable give permission for them to take part Club activities including matches. I/We have made a direct payment / enclosed cash or Cheque for the sum of: £_____.

North Enfield Cricket Club HSBC Sort Code 40-12-03 Account Number

Please include **Full Name – Subs** in the reference field and please email membership@northenfieldcc.co.uk to confirm the payment and include all players details so we can update our records.

(Please make cheques payable to North Enfield CC)

Please return all completed forms and money to;

North Enfield Cricket Club Juniors
C/o Nick Munt
20 Hatton Road
Cheshunt
Herts
EN8 9QQ

MEDICAL INFORMANTION

I _____ (Parent/ Guardian) of child /
Children named below:

1 st Child	
2 nd Child	
3 rd Child	
4 th Child	

hereby give my consent for any emergency medical or surgical treatment which may be professionally recommended and administered to be given to my child whilst she / he is under the charge of North Enfield Cricket Club.

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

Dr _____

Of _____ (Name of Practice)

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:

DECLARATION

I do / do not give permission for photos/videos to be taken of my child/ren during normal club activities and to be used in North Enfield Cricket Club promotional material, Club website or Social Networking sites.

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: _____ **Dated** _____