

POTTERS BAR CRICKET CLUB

YOUTH SECTION MEMBERSHIP APPLICATION and PARENTAL CONSENT FORM 2010

Please complete all sections:

The youth player's parent/guardian needs to sign the reverse side of this form.

Surname :	
First Name (s) :	
Date of Birth :	
Town of birth	
Address : (including post code)
Telephone no :	Home: mobile no :
Email address	
Other contact no :	
School :	
School Year :	
Previous Club(s)	
Does your child have any health problems, allergies or injuries ?	Yes / No (If yes please provide details, including details of any current medication)
Car Reg No In case you ever offer to transport players	
	Please sign at the beginning of this line to confirm that you have up to date Third Party insurance.

PARENTAL CONSENT SECTION 2010

1. First Aid or Emergency Treatment

I/We consent to basic first aid being given to my/our son/daughter should he/she sustain an injury whilst under the supervision of the Club.

I understand that, should this occur, the club will endeavour to contact a parent/guardian and also arrange further medical assistance if deemed necessary.

I/We do 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/We consent to :
video footage being taken in the interests of technical analysis to aid the coaching .

I/We consent to :
Other video (family records) being taken.

I/We consent to :
the taking of photographs which may be used in Club promotional literature or for Press reports.

3. Away Matches

I/We consent to my/our son/daughter participating in competitive matches at Other clubs.

I/We consent to my/our son/daughter travelling to away matches in transport provided either by officers of the Club, team managers appointed by the Club, parents of other Club Youth Section members or senior members of the Cricket Club when playing in Senior team matches.

4. Changing Arrangements

I/We consent to my/our son/daughter changing clothing or showering in the presence of senior members of the Club where my/our son/daughter has been selected to play for one of the Club senior teams.

5. Adult Cricket

I/We consent to my/our son/daughter playing in matches which include adult players.

6. Helmets

We understand that, in accordance with ECB guidelines, players under the age of 18 must wear helmets when batting or standing up to the stumps when keeping wicket when a hard ball is in use.

Name of Youth Section Member :
Name of parent/guardian (please print) :
Signature of parent/guardian
Date :