



# Littlehampton, Clapham and Patching Cricket Club

## Colts Registration & Consent Form.



**Player Details** (to be retained and carried by the Age Group Manager(s) LC&PCC conforms to the current Data Protection and Child Protection requirements.

<b>Surname</b>			
<b>First Name</b>			
<b>Address</b>			
<b>Date of Birth</b>		<b>School:</b>	
<b>Medical Details (Allergies, Medication, etc)</b>			
<b>Date of last Tetanus</b>			
<b>GP Name / Address</b>			
<b>Emergency Contact</b>		<b>Relationship:</b>	
<b>Home Phone</b>		<b>Mobile:</b>	
<b>Email:</b>			

**Emergency Medical Treatment** - I DO / DO NOT (\*) give my consent for an accredited representative of LC&PCC to act in my absence in the event of the above named player requiring emergency medical treatment.

**Permission to Travel**- I DO / DO NOT (\*) give my consent for my child to travel with other parents / coaches to and from fixtures and cricket events. If I do not give permission I will schedule their transportation.

**Publication of Photographs** - I DO / DO NOT (\*) give my consent for photographs to be used on the club website or supplied to the press. Club policy is not to identify individual players with published photographs.

**Permission to 'Play Up'** - I DO / DO NOT (\*) give my consent for my child to play for an older age-group team as permissible.

I agree to notify the Age Group Manager should any of the above details change.

Signed..... **Parent / Carer (\*)**

<b>Name (Print)</b>		<b>Date</b>	
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(\*) Delete as appropriate

Please note that neither the club or its' representatives can be held responsible for injury or loss of personal possessions.