



Junior Registration Form (2011)

Full Name			
Date of Birth		Age on 31/08/2010	
Address			
Home Tel.		Mobile No	
e-mail address			
School attended			

Please provide a valid email address for communications from club website

In case of emergencies please give 2 Points of Contact:-

	Name	Telephone No.	Mobile No.	Relationship
Contact 1				
Contact 2				

Please give details of any pertinent medical conditions which affect your child:

Please give details of any medications carried / used by your child

I _____ being the parent/guardian of _____ hereby give my consent to the relevant official of Forfarshire Cricket Club to make such emergency decisions as necessary with regard to treatment of any medical condition or injury received during any activity until such time as I can be contacted.

I authorise the designated official to sign any medical document necessary for the emergency treatment (e.g. the administration of an anaesthetic) of the player should the need arise and I am unable to be contacted.

There may be occasions when photographs will be taken for local papers or club website e.g. Team Photographs. Do you consent to your son/daughter appearing in these photographs?	Yes	No
Selection for and travel to away fixtures. Do you give consent for your son/daughter to participate?	Yes	No
Video Analysis may be used for coaching purposes. Do you consent to your son / daughter being videoed?	Yes	No
I understand that this information will be kept for sole use by the Junior Cricket Committee of Forfarshire CC and that its use will comply with the Data Protection Act		
Name and Signature:		Parent/Guardian
Date:		