



WAIVER

I _____ being the parent/guardian of _____
(d.o.b. _____) hereby give my consent for the player to travel with Forfarshire Cricket Club on any authorised club activities as and when selected.

I also give permission 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.

Please give details of any pertinent medical conditions which affect your child, e.g. allergies.

I do/do not give permission for my child to be photographed or videoed (e.g. for coaching purposes) while under the supervision of Forfarshire Cricket Club (delete as applicable)

Emergency contact numbers:

Home:

Alternative contact:

Mobile (if applicable):

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

Signed:

Date: