

EastBay Youth Cricket Association

Membership Registration Form

Dear Parent/Guardian/Carer.

In order to ensure the safety of your child at EYCA whilst they are participating in training sessions and matches it is important that we have available up to date information on your child's health, including any medical information and contact details. We are requesting this information in the event of an accident or emergency.



Which age group will your son / daughter be training / attending this current season? (Please tick)

Under 10's, , Under 13's , Under 15's, Others,

Child's Name: _____ Surname: _____

Parent Volunteers: Yes No

Contact and Medical Information

Emergency Contact: _____

Relationship: _____

Address:

Tel No: _____ Mobile: _____

EastBay Youth Cricket Association

Membership Registration Form (cont..._)

Any medical conditions or allergies that we should be aware of: Yes or No?:-

I do consent / do not consent, to my child receiving medical treatment from a qualified medical practitioner if required * *delete as appropriate*

Doctor: _____ Telephone : _____

Acknowledgment

I agree to my son/daughter/child in my care taking part in the club's activities.

I confirm that I have read and understood the information contained in the Consent Forms.

I confirm that I understand and will comply with and my child will also comply with

- "Club Rules & Conduct"
- "Club Changing Policy"
- "Club Photography Rules"
- "Youth Team Selection Policy"
- "Matches & Practice Sessions & Collection of your Children"
- "Insurance Policy"
- "Fee Policy"

Parent/Carer name:.....

Signature:.....

Date:.....

