



HIMLEY CRICKET CLUB

**COACHING PROGRAMME
REGISTRATION and PARENT / GUARDIAN CONSENT FORM**

NAME OF CHILD.....DOB.....

Please read the following, completing as required before signing.

- I consent to my child's participation in the coaching program
- I acknowledge the need for obedience and responsible behavior on his/her part.
- I agree to collect him / her at the time given.
- In the event of an accident, I agree to my child receiving any necessary emergency dental or medical treatment.
- I consider my child to be physically fit and capable of full participation.
- I understand the extent and limitation of insurance cover provided.
- I agree to keep Himley Cricket Club updated with any change in address and contact numbers.
- I may be contacted by telephone on the numbers below:

Please note the following medical condition:

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PARENTS / GUARDIANS

NAMES.....

ADDRESS.....

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TEL NUMBERS.....

E-MAIL ADDRESS.....

Please Tick the Box if you do not wish to be contacted by or updated with club information by E-mail

PARENTS/GUARDIANS SIGNATURE..... DATE.....