HOME TELEPHONE NO/
EMERGENCY CONTACT NO(S)/
E MAIL @
SCHOOL:
ANY DETAILS OF HEALTH: (Asthma ? Epilepsy? Allergies?)
CONTINUOUS MEDICATION: (Inhalers ? anti - histamine?)
To be signed by Parent / Guardian.
I have read the information sheet and accept the terms of membership for Reed Cricket Club Colts.
I have been DBS checked by the ECB .
Disclosure No. ———— Date of Issue: ————
Data protection. The club will use the information provided on this form, as well as, other information it obtains about the player to administer his/her cricketing activity at the club, and in any activities in which he/she participates through the club, and to care for, and supervise, activities in which he/she is involved. In some cases, this may require the club to disclose the information to County Boards, leagues and to the ECB. In the event of a medical or child safeguarding issue arising, the club may disclose certain information to doctors or other medical specialists and/or to police, children's social care, the courts and/or probation officers and, potentially, to legal and other arbiting involved in an investination. At the nervon completing this form, you must game each person whose information

AGE ON 01/09 / 2017-----YEARS.

DATE OF BIRTH: ---/---/