

DATE OF BIRTH:

EMERGENCY CONTACT NO(S).

E MAIL:

HEALTH INFORMATION - PLEASE LIST ANYTHING SPECIFIC RELATING TO YOUR CHILD'S HEALTH WE SHOULD BE AWARE OF INCLUDING ANY MEDICATION REQUIRED: e.g. Asthma, Allergies

FURTHER INFORMATION

DATA PROTECTION - REED CRICKET CLUB PRIVACY POLICY MAY BE VIEWED ON OUR WEBSITE

<https://www.reedcricketclub.co.uk/wwwreedcricketclubcouk/2018/04/22/reed-cricket-club-policy-documents-and-codes-of-conduct-april-2018/>

I AGREE THAT THE TEAM MANAGER MAY CONTACT ME USING WHATSAPP GROUP MESSAGING

YES / NO

I AGREE TO BE CONTACTED BY EMAIL

YES / NO