**Gedling and Sherwood Cricket Club – Gamston Academy**

Junior Registration Form 2021

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: | | | | | Male |  | Female |  |
| Address: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Postcode: |  | | Home Phone number: | | |  | | |
| Parent / Guardians Name: | |  | | | | | | |
| Parent / Guardians Mobile: | |  | | | | | | |
| Contact Email Address: | |  | | | | | | |
| Child’s Date Of Birth: | |  | | | | | | |
| Child’s School Year: | |  | | | | | | |
| Registration Fee, TBC | | | | Yes / No How: | | | | |

**Payment by cash / cheque payable to Gedling and Sherwood Cricket Club / Bank Transfer (Account number: 39537807, Sort Code: 09-01-29)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMERGENCY CONTACT DETAILS (Please provide an alternative contact in case of an incident / emergency | | | | | |
| Contact Name: | |  | | | |
| Contact Number: | |  | | | |
| Relationship to Child: | |  | | | |
| **Has the child played cricket before:** | | | Yes No | | |
| If Yes, Where: | | | | | |
| **Medical Information:** (Please give details of any important medical information our coaches should be aware of (e.g. epilepsy, diabetes, asthma, allergies etc.) | | | | | |
| By Returning this completed form, I agree to my child taking part in the activities of the club including matches played in the Nottingham Youth Cricket Association and their name appearing on the Club Website and in local newspapers.  I understand that I will be kept informed of acticvities by the club, for example timing and transport details. I understand that in the event of an injury or illness, all responsible steps will be taken to contact me and to deal with the injury/illness appropiately  Photo Consent  I agree to my details being retained in line with GDPR regulations | | | | | |
| Signed: |  | | | Date: |  |
| Name of Parent / Guardian | | | |  | |