

# COLT CLUB MEMBERSHIP FORM - 2011

## WATERLOOVILLE CRICKET CLUB

We are very pleased to welcome you to Waterloooville Cricket Club.

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to your Colt section Manager or to the Colts Administrator. If you are under 16 please also ask your parents or guardian to sign this form before it is returned.

We will also use this information to ensure that you are kept informed about winter training sessions and other events.

### A) Personal details:

Full Name ( Print Please ) .....

Address .....

.....

Post Code .....

Date of Birth : .....

School Attended .....

Telephone No's Home .....

Mobile .....

'E' Mail address .....

### B) Sporting Information:

1. Have you played CRICKET before ?      Yes      No

**2. If yes, where have you played the sport: ( please indicate below )**

- a) Primary school
- b) Secondary school
- c) Local authority coaching session.
- d) Club
- e) County
- f) Other ( please specify):

**C). Medical Information**

**Please detail below any important medical information that our coaches/colts coordinator should be aware of ( e.g. epilepsy, asthma, diabetes, etc. )**

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.....  
.....

**D). Emergency contact details**

**To be completed by parent/carer**

**Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:**

**Contact name (e.g. parent/carer): .....**

**Emergency contact number : .....**

**By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.**

**I understand that I will be kept informed of these activities – for example timing and transport details.**

**I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.**

**Name of parent/carer: .....**

**Signature of parent/carer : .....**

**Date : .....**