



Lymington C.C Colts Membership Form

Welcome to **Lymington Cricket Club**. This Junior Membership Form should be completed by the parent or legal guardian of any player under the age of 18 and must also be signed by the player. Please complete this form and return it to Marilyn Freedman 07901 982258m

Details of the player

Name:
Address:

Age group: Date of Birth:
Home phone:
Mobile phone:
Email address:
School:

Medical Information

Name of Doctor / Surgery:

Doctor / Surgery telephone number:

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, current medication, injuries etc.) Please include details of any medication:

Contact Details of Parents / Guardian

Name:
Address: (If different from above)

Mobile number:
Home number:

E-mail:

- By returning this completed Membership Form, I agree to my child taking part in the activities of **Lymington Cricket Club**.
- I will ensure that my child has suitable refreshment, suitable kit and protective equipment at each session as advised by the coach/manager.
- I understand that in the event of injury or illness all reasonable steps will be taken to contact me / the alternative contact, and to deal with that injury/illness appropriately.
 - Medical consent:** I give my consent that in an emergency situation the club may act in my place, if the need arises for the administration of emergency first aid and / or other medical treatment.
 - I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed above.
- I give permission for a photographer as commissioned by **Lymington Cricket Club**, to take pictures of my child for use in materials produced by or on behalf of **Lymington Cricket Club**.

Name of Parent/Guardian:

Signed:

Date:

(To be signed by the child applying for Colts Membership)

Name:

Signed:

Date:

