East Woodhay Cricket Club



Junior Cricket Registration Form 2022

Section 1 - Player and Parent / Guardian Contact Details

		,			
Juniors Name:				Date of Birth:	
Address:			•		
				Post Code:	
Parent / G	uardian Name		•		
Phone nun	nber: preferred	Belonging to:			
Phone nun	nber: alternate	Belonging to:			
Email Addı	ress: preferred	Belonging to:			
Email Addı	ress: alternate	Belonging to:			
Alternatively, Account Nam Sort Code: 60 Account Num Please enter I understand person or org Section 2 - Are there any	hber: 65319796 r your child's nam that the above fact ganisation outside the Medical Inform medical conditions	o: Cricket Club e as the Payment Reference s will only be used by the Club he Club without my express pe	rmis	hould be aware of, e.g. epilepsy,	
	I give my consent that in an emergency, the Club may act in loco parentis, if the need arises for the administration of emergency first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence that all reasonable steps will be taken to contact me or any alternative adult whom I have named.				
Section 3 -	Acknowledgen	nent of Club Policies			
Club policies can be found on our web site at www.eastwoodhaycc.co.uk or in the club house					
		a copy of the Code of Conduct for Club Members and Guests and esponsibilities that my child and I have.			
		club photographing or videoing my child's involvement in cricket onditions in the club photography and video policy.			

East Woodhay Cricket Club



Signature of parent / guardian : Print Name of Parent / Guardian	fo e: (s u: a:	hereby consent to EWCC using and storing personal orm for the purposes of running and administering cripxamples may include contact for the purposes of infosuch as matches, practices or social activities) or in the se of personal medical data to ensure appropriate tradministered. Consent can be withdrawn at any time ontroller (Adrian Batchelor).	cket club activity. Such orming me of club activities he case of accidents or injury eatment is
Print Name of Parent / Guardian	of pare	ent / guardian :	
	ne of Pa	arent / Guardian	Date :

Please return to: Adrian Batchelor, 41 Harwood Rise, Woolton Hill, Newbury, Berks, RG20 9XW Mobile: 07803 519765 Email: adrianebatchelor@aol.com