

LEAMINGTON CRICKET CLUB
Girls Only - Registration 2012

SURNAME.....FIRST NAME.....
Date of Birth.....
ADDRESS.....
.....Post Code.....

Parent/Guardian Contact 1
Name :
Telephone No.....Mobile.....
Parent/Guardian Contact 2
Name :
Telephone No.....Mobile.....
E-mail Address (Parent/Guardian).....

Emergency Contact and relationship to child.....		
Emergency Telephone/Mobile No.....		
SCHOOL ATTENDED.....		
School Year Group (please circle) :	4	5
	6	7
School Year/Age Group Calculator : Players age on 31/08/11:		

Charges for 2012 :

Girls Only Friday Night Coaching : 6pm to 7.30pm, 27 April to 13 July inclusive.

**This is for Year Groups 3 to 10 inclusive.
(Please tick appropriate box)**

New members	£60	
2011 members	£50	
Two new members	£90	
Two 2011 members (or one 2011, one new)	£80	

This fee includes Social Membership (£30) for the primary parent/guardian for 2012. This is a stipulation of our Alcohol Licence with the Local Authority.

You will also get entry into our '100 Club' with the first draw in May.

This fee entitles juniors to use the Club's net facilities, other than when a senior match is taking place. This does not entitle the junior to Club Membership.

Please post the completed application form, full payment and attached Disability & Medical Information Form to the address below by Friday 24 February. Places will be held for 2011 members until this date.

**Junior Cricket - Leamington Cricket Club
1 Grange Cottages
Leamington Road
Southam
CV47 9QE**

If you have any questions, please email leamingtoncricket@gmx.co.uk

Player Name :

Signature of Parent/Guardian : Date :/...../12

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PLAYER NAME :

DISABILITY AND MEDICAL INFORMATION

Does your child suffer from any disability, medical condition or any allergies that the Club should know about? If so, please state.....
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Is your child on any medication that the Club or coaches should be aware of? If so, please state.....

MEDICAL CONSENT

In the event of an accident all the qualified coaches have First Aid training. This is to confirm that you agree to First Aid being administered, if necessary, in the case of an accident. You will be notified of any accident.

I agree (Signed).....

Date.....

