



TABS CC Cricket Camps

Registration and Consent Form

(Please complete the following in **BLOCK CAPITALS**)

CHILD'S DETAILS

Child's Name:

Male / Female Date of Birth:.....

PARENT /GUARDIAN

Name

Emergency Contact Number(s)

MEDICAL INFORMATION

Does your child have any medical conditions we need to be aware of?
.....

Does your child take need to bring any medication with them? **Yes / No**
If yes, please describe:

Is there anything else we should be aware of to ensure your child's wellbeing? **Yes / No**
If yes, give details:

PHOTOGRAPHY

Your child may have photographs taken during activities, which may be used in promotional material and publicity in conjunction with TABS CC. Please tick the box if you **do not** give your permission for this and we will alert those running the session to your wishes.

Signature:

Date:

Parent / Guardian / Carer (Delete as appropriate)

Print Name:

PLEASE BRING ON THE FIRST DAY OR EMAIL: tabsc1873@gmail.com