

St Lawrence & Highland Court Cricket Club Colts Cricket Camp Application & Indemnity Form 2002



Please register my child on the Colts Cricket Camp	Under 11	Under 14
Your Child's First Name:	Surname:	
Please indicate age on 7 August 2002	Date of Birth:	
Sex: Male/Female		
Address:		
	Post Code:	
Telephone No: Home	Work:	
Emergency Tel. No	of contact on that number:	
Mobile:		
E.mail:	Fax:	
School		
$Please\ describe\ this\ child's\ cricketing\ enthus iasm,\ ability\ and\ achieves$	nievements:	
Medical Information: e.g. Allergies/Medication		
Doctor		
Doctor's Telephone No		
Ithe parent/guardian of the	ne above child hereby confirm	n the above details are correct and I
indemnify St. Lawrence & Highland Court Cricket Club, its office	cers and servants from any lia	bility for loss or damage to the child's
personal property, any accidents or injuries incurred during the activities.	course of training, playing cr	icket or in association with such
I confirm that, to the best of my knowledge, the above child d	oes not suffer from any med	lical condition other than those listed
above. In the case of an accident, I authorise an Officer or Adu	•	
carrying out of any treatment, including immunization, blood t in the opinion of a qualified medical practitioner, may be nece		
Lawrence & Highland Court Cricket Club.		
I consent to my child travelling on any form of public transport coach attending any event in which the Cricket Club is partici		car being driven by a parent or
I enclose a cheque for £ made payable to St Lawr		C.
Signed:	-	
Please print your name		
	EASEREADTHIS	
The English Cricket Board recommends (and we agree) that childr		wear a helmet unless parental consent
has been obtained. Unless you sign BELOW your child whilst battir		•
I agree to my child not wearing a helmet should he/she choose an Club or its employees, managers or coaches will not be held respo		~
SIGNED		