



The Hills Cricket Club

'The Vineyard' Milverton, Skerries, Co. Dublin.

Youth Annual Membership Registration Form

Name: _____

Date of Birth: _____ **School Class @ 01/09/2021** _____

Gender: Male Female

Address: _____

School: _____

Home Phone: _____ **Email:** _____

Mother's mobile: _____

Father's mobile: _____

Parent Contact Details (if different from above)

Address: _____

Telephone: _____ *(Home)* _____ *(Mobile)*

Consent:

I am aware that The Hills CC implements a Child Protection Policy. (Ref: Protocol)

I am aware of the Code of Ethics/Conduct expected by The Hills CC.

I have been made aware of The Hills CC Policy on photographing and video recording and agree to have my child photographed in line with this policy.

(Ref: Code of Ethics/Conduct)

I consent to The Hills CC sharing my contact details with Cricket Leinster/Ireland for training & selection purposes.

I consent to my child being considered for selection to participate in adult cricket.

Parents Name: (PRINT) _____

Signature: (CONSENT) _____

Date: _____ **PTO**

Medical Consent Form

Doctor's Name _____

Address: _____

Phone Number: _____

Conditions requiring medical treatment/medicine?

Yes/No: If Yes please give details: _____

Allergies?

Yes/No: If Yes please give details: _____

Special Dietary Requirements?

Yes/No: If Yes please give details: _____

Pain Medication which may be given?

Yes/No: If Yes please give details: _____

Parental Consent

I (PRINT) _____ being guardian of the child named overleaf, hereby give permission for the Team Manager to give the immediate necessary consent on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in that authority's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature (CONSENT): _____

Date: _____