



**Dunstable Town Cricket Club
Youth Section Membership Application & Parental Consent Form**

Please Complete ALL Sections.

The youth player's parent/guardian needs to sign the reverse of this form

Surname	
First Name(s)	
Date of Birth	
Address (inc. Post Code)	
Contact Telephone No.	
Mobile No.	
Email	
Other Contact No.s/email	
School	
School Year	
Previous Club(s)	
Does your child have any health problems, allergies or injuries? (if YES, please provide details together with any current medication taken)	
Car Reg. No.	
Signature to Confirm at Least 3rd Party Insurance	

PLEASE COMPLETE BOTH SIDES OF THIS DOCUMENT IN FULL



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PARENTAL CONSENT SECTION

(please tick the appropriate box)

I consent to:

Yes	No
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Basic first aid being given to my child should they sustain an injury whilst under the supervision of the Club. I understand that should this occur the Club will endeavour to contact a parent/guardian and also arrange further medical assistance if deemed necessary

My child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary

Video footage being taken in the interests of technical analysis to aid coaching

Other video e.g. family recording being taken

The taking of photographs which may be used in club promotional literature or for press reports

Consent to my/our son/daughter participating in competitive matches at other clubs.

My child travelling to away matches in transport provided either by officers of the Club, team managers appointed by the Club, parents of other Club Youth Section members or senior members of the Cricket Club when playing in Senior team matches

My child changing clothing or showering in the presence of senior members of the Club where my/child has been selected to play for one of the Club senior teams

Name of Colts Section Member	
Name of Parent/Guardian	
Signature of Parent/Guardian	