



HEATON CRICKET CLUB JUNIOR MEMBERSHIP FORM 2024

Childs Name:				Age Group:	
Date of Birth:				School Year:	
School:					
Home Address:					
Parents/					,
Guardians :					
Mobile:					
Email:	-				
Please ensure yo	u enter all details legib	ly, email / WhatsAp	p will be used for com	munications.	
Medical Informat	ion:				
		conditions or allergi	es? If yes, please give f	uther details belo	w:
Does your child si			es? If yes, please give f	uther details belo	w:
Does your child si	uffer from any medical		es? If yes, please give f	uther details belo	w:
Does your child so	uffer from any medical	Club? Please tick	es? If yes, please give f		w:
How did you hea Friend: Internet: Declaration by Pa I hearby authorise club holding my n Images of my chil need for responsi my child being us	r about Heaton Cricket arent/Guardian: the the above named chile nembership details on of d may be taken and use ble behaviour on my ch	Club? Please tick Parent: School: d to participate in Hecomputer; I understated for publicity/any inild's part. Should I I shall notify Heaton	eaton Cricket Club active and and consent to that other promotional purponot consent to photograph Cricket Club in writing.	Coach: Other: rities: I have no obe photographic/streamed vi	jection to the eamed video wledge the deo images of
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