



# 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 you enter all details legibly, email / WhatsApp will be used for communications.

<b>Medical Information:</b> Does your child suffer from any medical conditions or allergies? If yes, please give futher details below:

<b>How did you hear about Heaton Cricket Club? Please tick</b>					
Friend:		Parent:		Coach:	
Internet:		School:		Other:	

**Declaration by Parent/Guardian:**

I hearby authorise the above named child to participate in Heaton Cricket Club activities: I have no objection to the club holding my membership details on computer; I understand and consent to that photographic/streamed video images of my child may be taken and used for publicity/any other promotional purposes; and I acknowledge the need for responsible behaviour on my child's part. Should I not consent to photographic/streamed video images of my child being used as described above, I shall notify Heaton Cricket Club in writing. I hereby agree to abide by the Codes of Conduct for members and guests.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_