



Incorporating
Twyford Colts

TWYFORD COLTS

Registration and Medical Form 2010

Please complete in FULL both the Registration Form and Medical Form. Return to
Caroline Altham, April Cottage, Park Lane, Twyford SO21 1QS

Training starts Friday, 23 April at 6pm and ends on Friday 23 July 2010

Registration open from 5pm at Hunter Park, Twyford

U11/U13/U15 Annual subscription £45*
U9 Annual subscription £35*

*an additional £1 match fee contribution applies if your child plays in a cricket match
Please note that we offer 10% discount to two or more children from the same family.

Child's name

DOB

1. _____
2. _____
3. _____
4. _____

Address _____

Post code _____

Contact numbers Parent/guardian's name: _____

Home: _____

Mobile: _____

Email: _____

TWYFORD COLTS

Medical Information Record

Child's Name _____ D.O.B _____

Has the player any of the following (if YES please provide details)

Asthma or Bronchitis yes/no* _____
Heart Condition yes/no* _____
Seizures, fainting or blackouts yes/no* _____
Severe headaches yes/no* _____
Diabetes yes/no* _____
Allergies yes/no* _____
Allergies to any medication yes/no* _____
Other illness /disability yes/no* _____
Regular medication yes/no* _____
Medical advice to follow in an emergency yes/no* _____
An Epipen to carry yes/no* _____
Medical treatment currently yes/no* _____
Tetanus vaccination within the last 5 yrs yes/no* _____

* please delete as necessary

Person with Parental responsibility

First Name _____ Last Name _____

Address _____

_____ Post Code _____

Phone nr home _____ Mobile _____ Email _____

DECLARATION

1. * I confirm that the player is in good health and capable of taking part in cricket training and/or matches
2. * I consent to necessary medical treatment being administered to the player in the event of illness or injury
3. * I consent to the player's name and photograph being used in press releases and the Club Handbook
4. * I confirm that I will advise the player's coach should any of this information change

* please delete as necessary

Signed _____ Date _____ 2010

(Person with Parental responsibility)

**Data Protection Act- all names & addresses held are only for the use of the
Twyford Cricket Club & will not at any time be passed on to a third party**

DISCLAIMER

Twyford Cricket Club cannot be held responsible or liable for any injury during training or whilst attending matches. Please ensure you have adequate protective clothing with you at all times and any medication you may require (eg. asthma inhalers, Epipen etc).