

March Town Cricket Club

The Avenue Sports Ground, Burrowmoor Road, March, Cambs. PE15 9RS
www.marchtowncricket.com

2017 3-DAY SPORTS FESTIVAL-BOOKING FORM

Childs Name _____

Address _____

Childs Age _____ Date of Birth _____

School attended _____

Parent/Guardian Contact Number _____

Parent/Guardian Signature _____

E-Mail address _____

1 *will/will not * (delete as appropriate) be attending the Presentation evening on Thursday 27th July from 6.30pm onwards. I understand my Parents/Guardian must attend with me. There will be _____ people attending from my family.

Please complete & return to the above address, a booking form and medical consent form for each child & enclose payment (cheques payable to MTCC).

MARCH TOWN CRICKET CLUB
2017 THREE DAY SPORTS FESTIVAL

PARENTAL CONSENT FORM (Please complete one form for each child)

Participant Name:
School:
Age:.....**Gender:**.....
Address:.....
.....
Contact Tel No:
Mobile No:**e-mail address**

Does the participant have any of the following (circle accordingly):
VI Visual Impairment **HI** Hearing Impairment **PD** Physical Disability
LD Learning Disability **MD** Multiple Disability **O** Other

**Does the participant suffer from any allergies, illness or take any medication?
E.g. asthma, diabetes, epilepsy? (if yes, please give details below). Please also list
any medical details that you feel we should know about:**

.....
.....
.....
.....

(Note: Please ensure that your child brings any medication they need to the session, e.g. inhalers. All medication must be self-administered).

I confirm that my child (Print name) is attending the March Town Cricket Club at the 3 Day Sports Festival.

I can confirm that the information given above is correct and that he/she (delete accordingly) is available to attend the 3 Day Sports Festival on: Tuesday 25th July, Wednesday 26th July, Thursday 27th July 2017. (delete accordingly)

I have completed the medical details and give consent that in the event of illness/accident, any necessary treatment can be administered to my child which may include the use of anaesthetics. I also understand that while coaches/volunteers will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

I consent to photographers from the local newspaper, photographing my son/daughter (delete accordingly) during the 3 Day Sports Festival and for the images to be used appropriately within publicity material: **Yes** **OR** **No** (please circle)

I understand that March Town Cricket Club or the organisation providing facilities, their agents, servants and employees accept no responsibility for any loss, damage, or injury caused by or during attendance on any organised activity except where any loss, damage or injury can be shown to result directly from negligence of that said March Town Cricket Club.

Signed: **Parent/Guardian (print name)**