



SEASON _____

PLEASE NOTE: when signing on your child/ren as junior members of Barkisland Cricket Club, a parent should also join as a Social Member or 100 Club Member.

Type of Membership (please **X** box)

No.	Full Name	Date of birth	Senior Playing	Junior-Playing	Social Member	Concessions
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address

Tel
 Mobile
 Email

PLEASE NOTE: Email: barkislandfunctions@gmail.com is our preferred communication

**Details will not be passed to a third party
 Emergency Contact Details**

Primary Contact 1
 Contact 2

Tel/Mob
 Tel/Mob

Health & Medical Information

Please **X** if you suffer from any of the following

No.	Asthma	Diabetes	Epilepsy	Heart problems
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Allergies

Please give details

Medication

If you take medication on a regular basis please give details

Junior Membership Only-Parental Consent required

(1) I agree to my son or daughter taking part in the activities of Barkisland Cricket Club (2) I consent to my son or daughter travelling by motor vehicle driven by a Barkisland Cricket Club official or other known parent, to a match or event in which the team is participating in. (3) I authorise any Barkisland Cricket Club official or junior coach / manager who may be present in the absence of a parent or Guardian, to consent to such medical treatment (including inoculations, blood transfusions or surgery) which in the opinion of a qualified medical practitioner may be necessary, during any period of time when my child is with Barkisland Cricket Club and away from direct parental control and direction. (4) I authorise that my child can be photographed in relation to Barkisland Cricket Club and cricket activities. (5) I authorise that my child can use changing rooms whilst in use by senior players. (6) Sharing images on social media.

Signed	Name	Relationship	Date

YOU CAN PAY YOUR SUBSCRIPTION TO ANY CLUB OFFICIAL OR MEMBER OF BAR STAFF.

Club Official Name	Signed	Date

Subscription Paid with Application £



Junior Cricket at Barkisland Cricket Club
 Barkisland Cricket Club
 Email: barkislandfunctions@gmail.com

Barkisland Cricket Club
 Woodfield
 Scammonden Road
 Barkisland
 HX4 0AN
 www.barkislandcricketclub.co.uk