



## PARENTAL CONSENT FORM

Please write in Block Capitals

Player's surname:-

Player's forenames:-

Date of Birth:-

School:-

School Year:-

Address & Postcode:-

Telephone contact for parents:-

I consent to my child's participation in playing cricket under the auspices of the \_\_\_\_\_ Cricket Club.

To the best of my knowledge my child is medically fit to participate and I undertake to advise the Club of any alteration to this position.

I agree to abide by the Code of Conduct Policy of the Jersey Cricket Board:-

Signed by the Parent and Dated:-

Please advise below of any medical conditions that the Club need to be aware of:-

Signed by Club Secretary:-

Club:-

Date:-

Date registered by the JCB Secretary:-

The information you provide will be processed for cricket purposes. This information may be disclosed beyond the Jersey Cricket Board where it is considered to be in the child's best interests. Your child's name and image may also be included in other publications where this is considered not to be against their interests.

Updated 15/5/14

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