

Laois Cricket Club Youth Membership. 2022

Full Name(s) _____ School _____ DOB _____
1 _____
2 _____

Membership cost €25

It is very important you inform Laois CC of any illness/condition that effects your child.

Address _____

Medical consent

Doctors name _____

Address _____

Parents/Guardians _____

Phone number _____

Phone. Home _____ Mobile _____

Conditions requiring medicine/treatment

Email Address _____

If yes please give details _____

You are happy for LCC to contact you using the details provided

Allergies

I am aware that Laois CC have a photography and video policy and agree to my child being photographed in line with this policy.

If yes please give details _____

Permission for child to share changing facilities with adults in line with LCC changing room policy

Special dietary requirements

I am aware that no officials from Laois CC will contact a child under 16 yrs, by telephone or text, parental contact only. 16 to 18 yrs can be, but a duplicate message to a parent

If yes please give details _____

Any medication that may be given

I am aware that Laois CC operates a child protection policy in line with Cricket Ireland guidelines

If Yes pleas give details _____

Parental Consent

Signing below Indicates both your and your child's acceptance of the club's respective code's of conduct, and also accept to play within the spirit of cricket

I (print name) _____ being parent/Guardian of (print name) _____, hereby give permission for the team manager/captain to give the immediate necessary consent on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in that authority's medical opinion, for any delay to be incurred by seeking my personal consent.

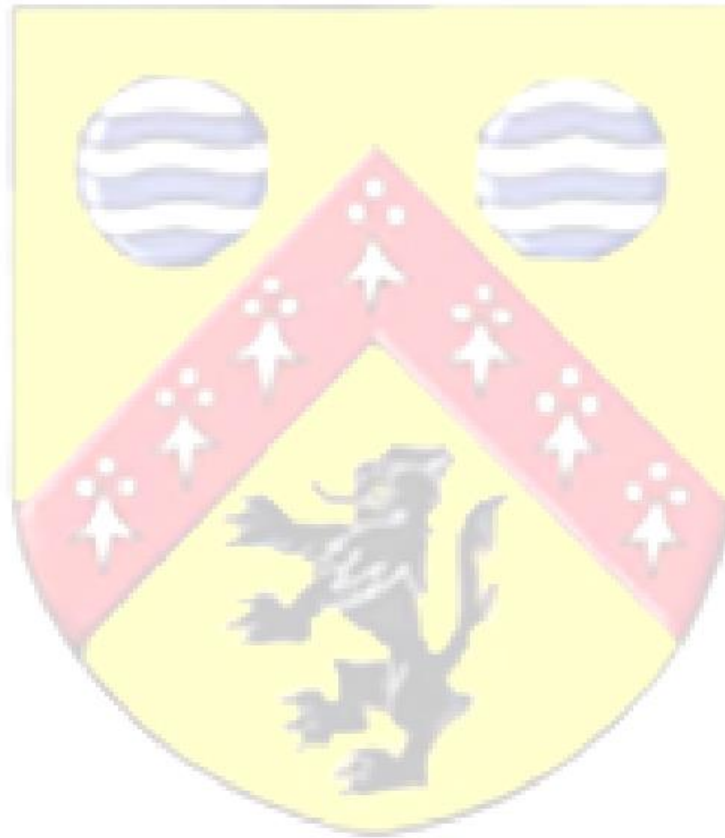
Parents name (print) _____

Signature (consent) _____

Signed _____ Date _____

Date _____

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