

CARLTON CRICKET CAMP 2009

Registration

Name of Child:
Address:
Tel No:
Date of Birth: Age:
Male/Female:
Which camp would you like to sign up for? (Please circle) remember you can come to both!
20^{th} July -23^{rd} July 3^{rd} August -6^{th} August
If your son/daughter cannot come to every day of a camp please specify which dates he/she will NOT be attending:
Dates:
PLEASE GIVE A BRIEF OUTLINE OF YOUR SON/DAUGHTER'S CRICKET EXPERIENCE TO DATE:
e.g. No experience, 1/2/3 seasons of kwik cricket, currently playing competitive hardball cricket.

PARENTAL CONSENT FORM

I give permission for my child to a my child to get home safely after of		and arrangements will be made for
Signature Parent/Guardian	Date:	
	e). I give permission for photographic	otage of your child may appear in raphs/film footage of my child to be
Signature Parent/Guardian	Date:	
	MEDICAL FORM	
Name of Emergency Contact	Telephone Number	Mobile Number
1		
2		
For safety reasons it is necessary allergies)	y to list any medical conditions	your child has (including food
•••••	•••••	
Signature	Date	
	<u>Payment</u>	
£60 per camp or £20 per day.		
Cheques are payable to 'Carlton C Avenue, Flat 1F3, Edinburgh, EH'		o Mr Steven Gilmour, 13 Dalgety istration, consent and medical forms.
OR		
Cash/Cheques, plus completed for practice sessions between 6.30pm check website for dates - www.car	and 8pm at Carlton Cricket Club	(either Mondays or Wednesdays,