

Middlesex Cricket - Registration and Consent Form (Disability) 2022/23

${\bf Confidentiality:}$

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child whilst engaged with Middlesex Cricket.

Name of Player:				
Address:				
D (D)				
Date of Birth:				
Gender:				
Ethnicity:				
Club:				
Day time Tel No:		Mobile Tel No:		
Email address:			-	
Emergency contact information	:			
Name of alternative adult who		Relationship to		
can be contacted in an		Player:		
emergency:				
Day time Tel No alternative		Mobile Tel No		
adult:		alternative adult:		
Medical information:				
Any specific medical	Yes - Please give details:			No
conditions requiring medical				
treatment?				
Details of medication required				
(pain/flu/inhaler):				
				1
Any specific medical condition	Yes - Please give details:			No
or disability?				
Any allergies?	Yes - Please give details:			No
7 / 4 6	i sa i icase give details.			
Details of any dietary	Yes - Please give details:			No
requirements?				

Middlesex Cricket will use the information provided to register the individual for the selected course(s), programme (s) or event(s). This includes verifying eligibility to attend and adding the information to our records. Full details of how personal data is used and protected are described in our Privacy Policy available on the website.

By signing I confirm that I have read, understood and accept the requirements detailed above & Privacy Policy.

Please return this form to Alex Hughes at <u>alex.hughes@middlesexccc.com</u> or in person.

Please ensure that if any changes / updates are required during the season that you contact Michael Wilson or Alex Hughes immediately.