

**U14 INFORMED CONSENT FORM**  
**SEASON 2009/2010**



I hereby give my permission for \_\_\_\_\_ to participate in the training and playing of the U14 team during the cricket season.

Further, I authorise the Club to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorisation is granted only if I cannot be reached and reasonable effort has been made to reach me.

Date \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Pre-existing Medical Conditions (e.g., allergies or chronic illnesses) \_\_\_\_\_

Other(s) to also contact in case of emergency \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to the Child \_\_\_\_\_ Phone \_\_\_\_\_

My child and I are aware that participating in the U14's is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable-risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this informed consent form and agree to its conditions on behalf of my child,

Child's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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**Season 2009/2010 Membership Fees: \$135**

Payment Due 31<sup>st</sup> October 2009 to your grade Coach, Team Manager or Junior Coordinator.