



www.neylandcricketclub.co.uk

Neyland Cricket Club

Neyland Athletic Club, John Street, Neyland,
Pembrokeshire. SA73 1TH

Tel: 01646 600229



Child Welfare Officer
Martin Jones
2 Westfield Drive,
Honeyborough,
Neyland, Pembrokeshire
Tel: 01646 600632

Chairman
Andrew Smith
42 John Street
Neyland
Pembrokeshire
Tel: 01646 601333

Treasurer
Robert Bellerby
41 John Street
Neyland
Pembrokeshire
Tel : 01646 601761

Honorary Secretary
Martin Rees
10 West Street
Rosemarket
Pembrokeshire
Tel: 01646 600938

Parental / Guardian Consent Form for Away Fixtures and Tours

Private and Confidential

This form will or a summary of the information provided on it will be taken on away fixtures and tours by team managers. A copy will also be retained by the club.

Name of Child/Young Person _____

Date of Birth _____

Emergency Contact Name _____

Telephone Contact Numbers: Home: _____

Work: _____

Mobile: _____

Home Address : _____

Alternative Contact Name: _____

Telephone Contact Numbers: Home: _____

Work: _____

Mobile: _____

Name of child/young persons Doctor:

Dr _____ Contact Number: _____

I am aware of Neyland Cricket Club, Pembroke County Club, the ECB Welfare for Young People and the FAW Welfare Policy, Procedures and practices guidelines in relation to away fixtures and tours.

- I Consent to my child taking part in the activities indicated. I acknowledge that the club will be liable in the event of an accident only if they have failed to take reasonable steps in the duty of care during the fixture / tour.

Signed: _____

Print: _____

Date _____

Medical Information

Does your child experience any conditions requiring medical treatment and/or medication.

Yes

No

If yes please give details

Does your child have any allergies?

Yes

No

If yes please give details

Does your child have any specific dietary requirements?

Yes

No

If yes please give details

Please provide us with any other information you feel is necessary

- I confirm that to the best of my knowledge my son/daughter does not suffer from any medical conditions other than those detailed above.
- I consent to my child receiving medical treatment which, in the opinion of a medical practitioner, may be necessary.

Signed: _____

Print: _____

Date: _____