



SOUTHGATE SUMMER CRICKET CAMPS

BOOKING FORM

Player's name: _____

Address: _____

Home tel: _____ Mobile: _____

Email address: _____

Date of Birth: _____

Parent/Guardian name (emergency contact): _____

Emergency contact phone number: _____

Please specify any medical condition we should be aware of: _____

The weeks/dates that you would like to attend: _____

Please enclose a cheque for the total amount (made payable to The Walker Cricket Ground Trust) and send it to Lynda Colt at The Walker Ground, Waterfall Rd, Southgate N14 7JZ

Remember, the camps cost £75 for a week, or £20 per day

Disclaimer statement:

I, the parent or guardian of the above named player, do hereby give my approval of his or her participation in activities at Southgate Summer Cricket Camps. Whilst all reasonable care will be taken by staff, I recognise the possibility of physical injury associated with this sport, and as part of the player being accepted on this Camp, I hereby release, discharge and otherwise indemnify Southgate CC and The Walker Ground Trust, their officers, trustees and members, including coaches and volunteers against any claim by or on behalf of the above named player as a result of the player's participation in the program, including all games, practices, meetings and official activities. The organisers reserve the right to suspend or expel any participant whose behaviour is considered inappropriate. Please note that photographs, video footage may be taken in order to create a photographic record and/or aid coaching techniques. Photographs may be used in future publicity. Should you not wish your child to be photographed or videoed, please advise and tick this box

Signature of parent/guardian: _____ Date: _____