

**Warwickshire CRICKET CLUB for the
Visually Impaired
Registration 2012**

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| SURNAME.....FIRST NAME..... |
| Date of Birth..... |
| ADDRESS..... |
| |
|Post Code..... |

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| Contact 1 |
| Home Telephone No.....Mobile..... |
| E-mail Address |

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| Emergency Contact and relationship to you..... |
| Emergency Telephone/Mobile No..... |

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| Charges for 2012 : |
| Club membership per annum £20 due at the start of season 2012 |
| Please note |
| If selected please give your captain as much notice as you can. 1 week's notice confirming availability and if you need help with transport or trains maps etc |
| Please post the completed application form, full payment and attached Disability & Medical Information Form to the address below. Or pass on to Bev. |
| WCCVI C/O Bev Hollingsworth |
| 1 Grange Cottages |
| Leamington Road |
| Southam |
| CV47 9QE |
| If you have any questions, please email |
| bev.hollingsworth@btinternet.com |

Player Name :

Signature : Date :

WCCVI
Registration 2012

PLAYER NAME :

DISABILITY AND MEDICAL INFORMATION

Do you suffer from any disability, medical condition or any allergies that the Club should know about? If so, please (Other than eye condition) state.....
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Please also state eye condition and sight class B1,B2, B3 or B4. If you do not have an up to date sight class form please contact British blind sport for the form which you need to take to your optician for them to complete the test which then gets sent off to BBS. The only charge will be to join BBS.

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If yes are you on any medication that the Club or coaches should be aware of? If so, please state.....
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MEDICAL CONSENT

In the event of an accident, this is to confirm that you agree to First Aid being administered, if necessary, in the case of any serious accident. We will notify emergency contact as shown above.

I agree (Signed)..... Date.....

Print Name in full.....