



BOULOGNE RISING STARS CRICKET

REGISTRATION FORM FOR CRICKET TRAINING

Child's Information

Full Name: _____

Date of Birth: _____

Age: _____

Address: _____

City: _____

ZIP Code: _____

Parent's / Guardian's Name: _____

E-mail: _____

Phone: _____

Medical Information

Do your child have any medical conditions that we should be aware of?

Other Information

Do your child have any special needs or requirements that we should be aware of?

Photos

I will give permission to use my child's photos on our social media platforms?

Yes No

Consent and Agreement

I hereby give consent to participate in cricket and agree to abide by the rules and regulations of the game.

Parent's / Guardian's Signature: _____

Date: _____