

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			

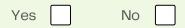
Do your child have any medical conditions that we should be aware of?

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 plateforms?



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: