



## ENGLISH SCHOOLS' CRICKET ASSOCIATION

**Festival Organiser:**

Malcolm Broad, MBE,  
42, Bedowan Meadows,  
Tretherras, Newquay,  
Cornwall, TR7 2SN.

Home: 01637 876787  
Mobile: 07850 801609

**E-mail: m.broad787@btinternet.com**

### PARENTAL CONSENT FORM FOR UNDER FOURTEEN FESTIVALS AT KINGS COLLEGE

**Data Protection Act:** The information being collected on this form will only be used for the Cricket Festival under the Department of Education guidelines. The data will not be disclosed to any external sources, other than in an emergency, or to the England and Wales Cricket Board, without your written consent.

1. Cricket Festival from **Sunday, 26th July until Friday, 31st July, 2020.**

2. Name of player: .....

3. Address .....

.....

..... Post code: .....

Home Telephone Number: ..... Parent Mobile: .....

4. Age of player during Festival: ..... Date of Birth: .....

5. Emergency Address and/or Telephone number (if different from above) .....

.....

6. **Personal information:** Please give the details requested below and any other personal information which you feel is relevant.

(a) Has the player, to your knowledge, been in contact with any infectious diseases in the last three weeks?

YES  NO  If yes, give details: .....

.....

***Please contact your Team Manager if contact occurs between now and the Festival.***

(b) Does the player suffer from any allergies, diabetes, migraine, epilepsy, sleep walking or any other illness or disability?

YES  NO  If yes, give details: .....

.....

(c) Is the player allergic to anything (e.g. antibiotics, elastoplast, aspirin or any such medicines, any particular food or drink?)

YES  NO  If yes, give details: .....

(d) Is the player actively sensitive to penicillin?

YES  NO  If yes, give details: .....

(e) Is the player receiving any medical treatment at present?

YES  NO  If yes, give details: .....

(f) Date of last anti-tetanus injection? .....

(g) Any special dietary needs? .....

(h) Can the player swim 50 metres? YES  NO

(i) Name and Address of Player's Doctor: .....

.....Telephone number of Surgery: .....

(j) All players may be photographed during the Festival, in both group and, occasionally, in individual situations. Cricket action may also be videotaped as part of the Festival. Some photographs may subsequently be included on the Festival web-site. Parents should indicate consent for these photographs below.

**CONSENT FOR PHOTOS/VIDEOS:**  **NO CONSENT FOR PHOTOS/VIDEOS:**

7. **Insurance:** There is **no** personal accident insurance covering the Festival.
8. **Parental Consent:** I agree to my son/daughter taking part in the Festival. I acknowledge the need for him/her to behave responsibly at all times. I understand that the officials will take all reasonable care of the young players. I consent to any emergency treatment necessary. I therefore authorise the officials to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon, likely to endanger the player's health or safety. I consent to the player travelling in a motor vehicle driven by an official of the team or of the Festival.

**SIGNATURE:** ..... **PRINT:** .....  
*Please print your name alongside your signature.*

***This form should be completed and returned to your Team Manager.  
Please do NOT return this form to the Festival Organiser.***