



www.neylandcricketclub.co.uk

Neyland Cricket Club

Neyland Athletic Club, John Street, Neyland,
Pembrokeshire. SA73 1TH
Tel: 01646 600229



Child Welfare Officer
Martin Jones
2 Westfield Drive,
Honeyborough,
Neyland, Pembrokeshire
Tel: 01646 600632

Chairman
Andrew Smith
42 John Street
Neyland
Pembrokeshire
Tel: 01646 601333

Treasurer
Robert Bellerby
41 John Street
Neyland
Pembrokeshire
Tel : 01646 601761

Honorary Secretary
Martin Rees
10 West Street
Rosemarket
Pembrokeshire
Tel: 01646 600938

Player Profile Form

To ensure the club can provide the best and safest environment for young people we need to ensure that we have all the relevant information regarding the young players at the club. Please insert the information requested below and return this form to the Child Welfare Officer (Martin Jones) or to any member of the clubs coaching team. The information provided may be uploaded to a secure Internet database and may also be passed on to any member of the club coaching staff.

Full Name of Child: _____ Gender: Male/Female

Address: _____

Post Code: _____ Date of Birth: _____

School Year: _____ Ethnicity: _____

Home Phone: _____ E-Mail Address: _____

FULL Names of Parent(s)/Guardian(s)

1) Mobile: _____

2) Mobile: _____

3) Mobile: _____



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Disabilities:

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of the disability?

Medical Information

Please detail below any important information that our coaches must be aware of (eg. Epilepsy, asthma, diabetes, etc.)

Emergency Contact Details (To be completed by the Parent / Carer)

Please indicate the person(s) who should be contacted in case of an accident or incident.

Contact Name : _____

Emergency Contact Number(s): _____

Alternative Contact Name : _____

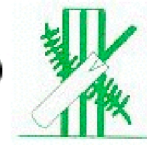
Alternative Emergency Contact Number (s) _____



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By returning this completed form, I agree to my son / daughter / child in my care, taking part in the activities of the club. I will be kept informed of these activities – for example timing and transport details on a regular basis
I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and deal with that illness / injury appropriately.

Full Name of Parent / Guardian _____

Signature of Parent / Guardian _____

Date _____

Please return this form to any member of the club coaching team