

Cricket Scholarship | Personal Information



Name	
Date of Birth	
Current School Year	
Current School	

In case of emergency:

Contact Name	
Contact Numbers	
Contact Email	

Medical Information:

Is your child currently on any medication? (If yes, we will contact you as we require permissions to administer medication)	
Please list any allergies	
Please list any dietary requirements	
Does your child have any medical conditions?	
Does your child currently have any injuries affecting their performance?	

Signed parent/Guardian.....

Date.....

Relationship to child.....

Cricket Scholarship | Provisional Information



Name	
Date of Birth	
Current School Year	

Please tick specialty/ies:	Batsman	<input type="checkbox"/>	Bowler	<input type="checkbox"/>	Wicket Keeper	<input type="checkbox"/>	All rounder	<input type="checkbox"/>
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Current Cricket Club/s	
Personal Statement – Cricket	
Personal Statement – Education	
Personal Statement – Other interests	

Signed Pupil..... Signed parent/Guardian.....Date.....