

Cricket Camp Player Fitness Declaration

Player Information

Full Name

Date of Birth

Contact Number

Emergency Contact Name

Emergency Contact Number

Fitness Declaration

I declare that I am physically fit and capable of participating in all cricket camp activities. I confirm that I have not suffered from any illness, injury, or condition likely to affect my ability to participate.

If any relevant medical information needs to be disclosed, please specify below:

Medical Conditions/Allergies (if any)

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I confirm the above information is correct to the best of my knowledge.

Player Signature

Date

Parent/Guardian Signature

Date