



Chigwell School

Chigwell Mitre Enterprises Ltd

High Road, Chigwell, Essex IG7 6QF
T: +44 (0)20 8501 5700
www.chigwell-school.org

CHIGWELL MITRE ENTERPRISES LTD
EASTER HOLIDAY CRICKET 2023
APPLICATION FORM (to be completed by Parent/Guardian)

I wish to apply for a place on the coaching course as follows:

Thursday 13th, Friday 14th, April and Monday 17th, Tuesday 18th April 2023
from 10 am to 3.45 pm

Name of child: (BLOCK CAPITALS PLEASE)

Address:

.....

.....(Post Code) Email:.....

Date of Birth: Age in April 2023:.....Years.....Months

Tel: Daytime: Evening: Mobile:

Present school:

Please indicate the level of cricket that your son/daughter has played:

County ☐ Met District/ District ☐ Club Cricket ☐ School Cricket ☐ Beginner ☐

Course Fee: £120 for all 4 days or £30 per day (payable via Wisepay). Please tick below:

All 4 days ☐ Thursday 13th April ☐ Friday 14th April ☐

Monday 17th April ☐ Tuesday 18th April ☐

Signed by Parent/Guardian: Date:

When completed please return to: **Mrs T Page (Course Administrator) tpage@chigwell-school.org**
Tel: 020 8501 5711

Chigwell Mitre Enterprises Limited reserve the right to cancel a course with insufficient numbers with a full refund.
Chigwell Mitre Enterprises Limited reserves the right to alter the advertised course should conditions make this necessary.
Chigwell Mitre Enterprises Limited, its servants, agents and employees will not be under any liability whatsoever to anyone in respect of personal injury, sickness, loss or damage, however caused. Fire precautions and regulations for the safety and comfort of course members must be observed.

Chigwell Mitre Enterprises Limited cannot accept responsibility for unaccompanied children, before or after the published time of the course.

Cancellation refunds are only available up to 7 days before the start of the course. **Full refund if government restrictions force cancellation of the event or should the student be required to isolate.**



Chigwell School

CHIGWELL MITRE ENTERPRISES LTD

Medical Form

**FULL NAME OF
PUPIL.....**

NATIONALITY..... DATE OF BIRTH.....

MEDICAL INFORMATION

Name of Parent/Guardian in BLOCK capitals.....

Address.....

..... Home telephone number.....

Please detail below the name and telephone number of an emergency contact in case of illness or problem whilst participating in the activity.

Contact name..... Telephone No.....

Family Doctor

Name:	
Address	
	Telephone number:

Please detail below if your child suffers even mildly, from any medical condition. If your child has suffered from any contagious or infectious diseases during the past three months, please detail these.

--

Please give details of any recent injury, infection or medical treatment

--

If your child is taking medication, please give details including whether it can be self-administered.

Please give details of any allergies

Other Information

Are there any activities in which your child may not participate? **Yes/No**
If yes, please give details.

1. Does your child have good eyesight? **Yes/No**
2. Does your child have good hearing? **Yes/No**
3. When did your child have his or her last tetanus booster? **Date**
4. Can your child participate in physical activities without restriction or special supervision? **Yes/No**

Signature of Parent/Legal Guardian.....

Date.....