



Player Registration Form 2009-2010

Personal Details

NEW MEMBERS: Please provide a copy of your Birth Certificate or other proof of age

Surname Given Name

Address
Post Code

Home Phone

Is your child Aboriginal or Torres Strait Islander? Yes No

Date of Birth / /

Playing Full Season Half Season

Age as at 31/08/09

Last year's Club: Sandgate/Redcliffe Other

Schooling 2009 2010

Shirt Size 10 12 14 Small Medium Large X-Large

Medical Details

During games or training in the event of accident or injury, Managers and Coaches have been advised to arrange appropriate medical treatment.

Do you suffer any illness / disabilities / allergies? No Yes

Symptoms Treatment

Emergency Contact *other than parent/guardian* Name Phone

Family Doctor Name Phone
Address

I hereby authorise the Manager/Coach at game venue or training to obtain such medical attention as maybe deemed necessary in the treatment of my son/daughter/guardian child and I understand that I, the parent/guardian, will be responsible for any transport cost incurred.

Yes No Signature Date

Medicare Number

Parent/Guardian

EMAIL ADDRESS:

Father / Guardian	Name:	Mobile:
	Occupation:	Phone (Work):
Mother / Guardian	Name:	Mobile:
	Occupation:	Phone (Work):

Club Use Only

Cheque Cash Direct Deposit Ref: Receipt No: Age Group \$

Indemnity & Release

I, (as signed below) as the parent or legal guardian of the said child acknowledge that the game of cricket has inherent dangers and I note that: "Sandgate/Redcliffe District Cricket Club Inc. Accepts no liability at any time for accidents, injuries or any other circumstances causing loss or harm to players, officials, spectators or any other person connected with SRDCC howsoever caused.

That it will be my responsibility to ensure that my child wears protective clothing and sun protection cream as laid down by the rules and conditions of play set down by the Club and the Brisbane North Junior Cricket Association Inc.

I have read, understood, acknowledge and agree to all the referred to in this statement, including the warning, release and indemnity.

We would draw your attention to further details of our insurance scheme on www.bnjca.org.au

Print Name: _____ Signature _____ Date _____

Consent to disclosure Privacy Act

I (as signed below) as the parent or legal guardian of the said child hereby agree and consent to the provision of the personal information regarding my child as set out in the form to the officials of this team and club, BNJCA and Queensland Cricket Association for us by them as they see fit in the course of their administration of cricket.

That the Club, Association and Queensland Cricket, may use images/photographs of my child for promotional features.

I also agree to be bound by the rules and conditions of membership of the Club including;

No player will be registered unless they have paid their fees; I shall conduct myself in a sporting manner at all times whilst representing the club; As a parent I shall conduct myself at all times in line with the Qld Cricket Code of Conduct for spectators and parents, realising that Junior Sport is for the players and the children participating.

Print Name: _____ Signature _____ Date _____

Club Assistance

Parents/Guardians: the Club depends on adult participation! Can you assist in any of the following capacities? (circle one or more)

Manager / Assistant Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coach / Assistant Coach	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scoring and/or Umpiring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Club Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photo Night Co-ordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Presentation/Trophy Day Co-ordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please specify)		