



CRICKET CLUB

Receipt # _____

Fee Paid - \$ _____

JUNIOR REGISTRATION FORM

Surname:			Other Names:		
Date of Birth:			Shirt Size:		
Address:					
Suburb:				Post Code:	
Home Phone #:			Mobile #:		
Email Address:					
Type of Proof of Age Supplied: Birth Certificate / Passport / Other _____					
Grade/Club/Year last played:			Previous Association:		
Medicare #:			SRSL Member #:		
Parent(s) / Guardian(s) Names:					

The information supplied above is to the best of my knowledge correct.

I/We accept that neither Smithfield RSL Cricket Club nor Fairfield Liverpool Cricket Association will be held responsible for any injury or transmittable disease incurred while playing cricket with either organisation.

Since my/our child plays at my/our own risk, I/we accept that it is my/our responsibility to organise the relevant personal insurance coverage, purchase his/her own protector (i.e. Box) & other relevant safety equipment as required (i.e. Helmet).

Also by signing this form I/we agree to abide by the Smithfield RSL Cricket Club's constitution and it's by-laws (copy of Constitution available upon request).

I/We shall abide by the Code of Conduct as written in the Fairfield Liverpool Cricket Association playing rules and by-laws (copy of the Code of Conduct available upon request).

Signed: _____ Date: _____

(As the player is under 18 years of age, then a Parent/Guardian must sign this form).