



CRICKET CLUB

Receipt # _____

Shirt Size: _____

Fee Paid -\$ _____

REGISTRATION FORM

| | | | | | |
|---|--|--|------------------------------------|-------------------|--|
| Surname: | | | Other Names: | | |
| Date of Birth: | | | Medicare #: | | |
| Address: | | | | | |
| Suburb: | | | | Post Code: | |
| Home Phone #: | | | Mobile #: | | |
| Type of Proof of Age Supplied: Birth Certificate / Passport / Other _____ | | | | | |
| Previous Association: | | | Grade/Club/Year last played: | | |
| Parent (s) Names: | | | Smithfield RSL Membership # | | |
| E-Mail Address - | | | | | |

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

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

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

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

I 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).

In the event of any accident or illness, I authorise the obtaining of such medical assistance on my behalf that my child may require.

Signed: _____ Date: _____

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