



CRICKET CLUB

Receipt # _____

Shirt Size : _____

Fee Paid - \$ _____

REGISTRATION FORM

Surname:				Other Names:		
Date of Birth:			Medicare #:			
Address:						
Suburb:					Post Code:	
Home Phone #:			Mobile #:			
Grade/Club/Year last played:			Previous Association			
Smithfield RSL Membership #		Preferred grade				
Email Address -						

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

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 it's 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).

Signed: _____ Date: _____

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