

ST ALBANS CRICKET CLUB

SENIOR REGISTRATION FORM

First Name	Surname	Date of Birth

Address	Suburb	Post Code

Home Phone	Mobile Phone	Work Phone

Email Address	Male/Female

EMERGENCY CONTACT NAME / NUMBER:

NAME _____ Mobile: _____ Home: _____

PREVIOUS CRICKET HISTORY

Have you ever played cricket before? Yes / No If yes, last club played: _____

League/Association: _____ Year Registered: _____

Last date played: _____ Have you been disqualified from any league or club? Yes / No

Are you under any disqualifications by any league / club? Yes / No

Are you in possession of any previous club property? Yes / No

Are you contracted to any other club? Yes / No

COMPULSARY AMBULANCE COVER

Yes / No (Ambulance Trip is not payable by the club)

PERMISSIONS

If a medical emergency occurs, do you give permission for your child to be transported by ambulance to an emergency medical facility? Yes / No (This service is **NOT** payable by the club)

Signed by Player: _____

Print Name: _____

Date: _____

OFFICE USE ONLY

Player Registration Paid: Cash Cheque Eftpos Payment Plan Deposit Paid: \$ _____ Date: _____

Membership Number: _____ Comments: _____

Milo Gear Hat Hoodie Playing top Date: _____

** once completed email back to sophieh@live.com.au **