

ST.ALBANS CRICKET CLUB
JUNIOR REGISTRATION FORM
SEASON 2020/21

FIRST NAME	SURNAME	DATE OF BIRTH

Address	Suburb	Post Code

Email Address	Male/Female

Emergency Contact 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 If Yes _____

COMPOLSARY AMBULANCE COVER

Yes (This service 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)

OFFICE USE ONLY

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

Membership Number: _____ Comments: _____

Milo Gear: Hat: Hoodie: Playing Top: Date: _____

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