



CRICKET CLUB

Receipt # _____

Shirt Size : _____

Fee Paid -\$ _____

REGISTRATION FORM

Surname:		Other Names:	
Date of Birth:	Medicare #:		
Address:			
Suburb:		Post Code:	
Home Phone #:		Mobile #:	
Member of Smithfield RSL Club		Membership #:	
Grade/Club/Year last played:			
Previous Association:		Email Address:	
Preferred Grade (Used as a guide, as we grade on ability)			

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

I accept that neither Smithfield RSL Cricket Club nor Sydney Morning Cricket Association (SMCA) is responsible for any injury or transmittable disease incurred while playing cricket with either organisation.

Since I play at my own risk, I accept that is my responsibility to organise the relevant personal insurance coverage, purchase my own protector (i.e. Box) and 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 Sydney Morning Cricket Association playing rules and by-laws (Copy of the code of conduct available upon request).

Signed: _____

Date: _____

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