



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:	YES / NO		Membership #:			
Type of Proof of Age Supplied: Birth Certificate / Passport / Other _____						
Previous Association:			Grade/Club/Year last played:			
Parent's Names:			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 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 and Social Media Policy 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).