

## **WOODSIDE CRICKET CLUB PO BOX 244 WOODSIDE 5244**

cricket.woodsidewarriors.com.au

OFFICE USE	
Paid \$	
Date:	

Shirt/Hat rec'd:

Initial:

## JUNIOR REGISTRATION FORM

Players must be U10, U12, U14 or U16 as at 1 September, unless playing under a permit. NOTE: It is compulsory for U12, U14 & U16 players to wear a helmet, protective box and pads when batting. Please circle the above age group which applies to your child.

## Player Information

Players Name:		
Date of Birth:	Age at 1 Sept:	
Address:		
Telephone:	Mobile:	
Email:		
Parent/s names:		
Current School: -		
S the player, interested in playing represent (Under 12 & above)	nsents tative and or senior cricket?	initial
Do you consent to your child playing in a hig	gher age group?	
YES  Do you consent to your child's details being added to the <i>My C</i> (Under 14 & Above)		
(Olider 14 & Above)	YES / NO	initial
I understand the club is run by volunteers a to help out in anyway, as directed by the jur include scoring, oval setup before the game	nior committee or my child's o	coach. That may
In the event of an injury or an emergency ar game of cricket, I hereby authorise the coad provide or obtain any medical assistance wh any medical expenses incurred.	ch/supervisor of the Woodsid	on or an organised e Cricket Club to
any medical expenses medica.	YES / NO	initial
Please take note of the following medical co Asthma, etc)	onditions relating to my child	(e.g. Allergies,
After due consideration of the consents abo cricket with the Woodside Cricket Club.	ve, I hereby give permission	for my child to play
Signed:	Date:	
Parent / Guardian		V 7 (0/0040)