



College Cricket Club Junior Registration Form 2022/2023

PERSONAL INFORMATION

Name Address

.....Post Code

Contact Details (*please indicate a preference contact number preference*)

Phone Mobile

Date of Birth...../...../..... Parent Names.....

Email address

Player Information (Place an x or write in your answer)

Age group are you eligible for this season?

Boys U/12 U/14 U/16 **Girls** 15 and under

Are you interested in playing above your age group this season?

Boys U/14 U/16 Senior **Girls** Senior

Are you a batter? Yes \ No

What position do you normally and/or prefer to bat?

Are you a bowler? Yes \ No

What position do you normally and/or prefer to bowl?

Do you bowl fast – medium pace spin

Are you a wicketkeeper? Yes \ No

Other Information

Do you require transport to and from games? Yes \ No

Do you require the use of club equipment? Yes \ No

Are your parents available to assist as: (ask them, before answering this question)

Team Scorer Yes \ No

Team Helper Yes \ No

Team Coach Yes \ No

If yes, parents WWC Number:

WWC Expiry Date:



College Cricket Club

Medical Information and Consent

****THIS IS ONLY REQUIRED TO BE COMPLETED IF YOU ARE NOT A THAC STUDENT. INFORMATION FOR THESE STUDENTS WILL BE OBTAINED OFF YOUR CAREMONKEY PROFILE – PLEASE ENSURE IT IS UP TO DATE****

Ambulance Cover : Yes \ No

Medicare Number: _____

Private Health Insurance : Yes / No

Fund: _____

Please not down any Special Medical Conditions – E.g – Asthma/Allergies: (ACTION PLANS FOR THESE CONDITIONS MUST ALSO BE SUBMITTED WITH THIS FORM)

Notes:

Helmets with full face grills must be worn at all times when batting.

Players are to bring their own drink bottle, hat (College C.C) and cricket gear appropriately marked with name etc.

Players must apply sunscreen and wear a hat; they are encouraged to wear a wide brimmed white hat at all times except when batting.

Consent Form:

I authorise the coach/manager of the team to consent, where it is impracticable to communicate with me, to the child receiving medical treatment as maybe deemed necessary and that I am willing to pay all such costs.

Signed (Parent/Guardian)_____

Date / /