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Cricket Australia Registration Form

www.cricket.com.au

Original Copy (White) - Participant 2nd Copy (Yellow) - State/Territory/CA 3rd Copy (Blue) - Centre ✓ compulsory fields.

PERSONAL INFORMATION *(Please Print Clearly)*

✓ Given Name _____ ✓ Surname _____

✓ Email _____

✓ Date of Birth ___/___/___ ✓ ◯ Male ◯ Female

✓ Address _____

✓ Suburb _____ ✓ State _____ ✓ Postcode _____

✓ Home Phone _____ Mobile _____

✓ Parent / Guardian (1) _____ ✓ Phone _____

✓ Parent / Guardian (2) _____ ✓ Phone _____

Centre _____

✓ Please tick (✓) which of the following activities are being participated in: ◯ **MILO HAVE A GO** ◯ **HAVE A GAME** ◯ **CRIC HIT**

✓ Current School _____ ✓ Grade / Year level _____

✓ School Suburb _____

Is your child an Aboriginal or Torres Strait Islander? ◯ Yes ◯ No

Is your child from a culturally or linguistically diverse background? ◯ Yes ◯ No

✓ Will your child play cricket in any competition (min duration 4 weeks/games) other than MILO Have-A-Go, Have-A-Game or CricHit in the current season? *(please tick)*

◯ No ◯ Yes at school ◯ Yes at club ◯ Other _____

✓ How did you find out about this Cricket Australia Program? *(please tick)*

◯ School Newsletter ◯ Poster / Flyer ◯ School Clinic conducted at your School ◯ Newspaper
◯ Friend/Parent ◯ Internet ◯ Letter from Cricket Association ◯ Phone book
◯ Word of mouth ◯ Local cricket club ◯ TV ◯ Played before
◯ Other _____

✓ Does you child suffer from any illness / allergy / disability? If yes, please describe

_____

_____

✓ Are you interested in volunteering during the season? ◯ Yes ◯ No

The health information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of minimising the risk of serious or imminent threat to the participant's life, health or safety. The sensitive information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of collating information for research, submissions to a government or planning cricket related activities. Where such sensitive information is collected it is de-identified. The use of other personal information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of administering Cricket Australia Junior Participation Programs and to ensure that participants (and their parents and guardians) are kept informed of junior cricket initiatives, giveaways and competitions which Cricket Australia and State or Territory Cricket Associations conduct from time to time. Further information on Cricket Australia's Privacy Policy is available at **www.cricket.com.au**

✓ How many years has your child been involved in the Have-A-Go Program? *(please tick)*

◯ 1st year ◯ 2nd year ◯ 3rd year ◯ Other _____

INDEMNITY AND RELEASE

In allowing my child to participate in Cricket Australia Junior Development Program ('Program'):

- **I CONFIRM** that I am a parent or legal guardian of the child and that I am responsible for organising transportation of the child to and from the Program.
- **I INDEMNIFY** the State/Territory Cricket Association, Cricket Australia (CA) and Nestle Australia Limited (Nestle) for all liability and costs associated with my failure to arrange for the prompt collection of my child after the designated finish time of the Program.
- **I ACKNOWLEDGE** that there are inherent dangers associated with the Program which may result in the child being injured.
- To the extent permitted by law, I agree both on behalf of the child and in my own right to **ABSOLVE AND INDEMNIFY** the State/Territory Cricket Association, CA and Nestle from any and all liability for injury, loss or damage however caused arising out of the child's participation in the Program.
- I agree both on behalf of my child and in my own right to **RELEASE AND FOREVER DISCHARGE** the State/Territory Cricket Association, CA and Nestle from all claims that I or the child may have or may have had but for this release arising from the child's participation in the Program.
- **I AUTHORISE** registered Program Coordinators to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and **I INDEMNIFY** the State/Territory Cricket Association, CA and Nestle for all costs associated therewith.

I have read, understood, acknowledge and agree to this declaration including the warning, release and indemnity.

NAME _____ **SIGNED** _____ **DATE** _____

GROUP USE ONLY

Date Fee Paid: _____ Cash / Cheque: $_____