



MANLY- WARRINGAH JCA

Collaroy Plateau Cricket Club



Surname:..... First name:.....

Home phone:..... Mobile:..... Email:

Address: PCode.....

Date of birth:..... Male Female

Are you Aboriginal or a Torres St Islander? Yes No

Current school:

Any illness/allergy/disability?:

Did you play **CRICKET** last season? Yes No

If Yes: (1) Which club did you play for?

(2) What age group did you play **LAST** season?.....

(3) What age group will you play **THIS** season?.....

If No: How did you find out about this club? (please tick appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Poster / Flyer |
| <input type="checkbox"/> Friend/parent | <input type="checkbox"/> A development officer visited the school |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other |

Are you available for representative cricket? Yes No
(This will entail Sunday Matches)

PARENT/GUARDIAN

Surname:..... First: Phone:

Surname:..... First: Phone:

Is either parent/guardian interested in volunteering at some point throughout the season? Yes No

If Yes, in what role?.....

Parent/Guardian's Consent Agreement: I agree to my son/daughter playing cricket with Collaroy Plateau Cricket Club. I acknowledge in accordance with the club's constitution his/her membership may extend to my spouse/partner or me. As members we agree to be bound by the rules of the club. I note that the club will undertake to exercise all reasonable care in the conduct of its activities but declines to accept responsibility for accidents occurring as a consequence of my child's participation in such activities. We realise that my child and ourselves are covered by crickets' code of conduct.

Information supplied will be used for MWJCA & Cricket NSW purposes only. This information will not be used for Marketing purposes or passed on to any third parties without your consent.

Signed: Date:

CLUB USE ONLY
Date Fee Paid: / / Cash/Cheque \$ Receipt #: Evidence of age sighted