



2023 REGISTRATION FORM - GIRLS CRICKET ACADEMY

PLAYER'S NAME	AGE :
PARENT NAME(S)	
PARENT PHONE(S)	
EMAIL ADDRESS	
PLAYER'S CLUB	
GRADE PLAYED in 2022/23	(e.g. Under 12B)
PLAYED REP CRICKET in 2022/23?	Yes or No
	Team:

SKILL LEVEL - Please

①	BATTING	<input type="checkbox"/> A GRADE	<input type="checkbox"/> B GRADE	<input type="checkbox"/> C GRADE	<input type="checkbox"/> ROOKIE
	BATTING	Right or Left hand?	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
②	BOWLING	<input type="checkbox"/> FAST BOWLER	<input type="checkbox"/> MEDIUM PACE	<input type="checkbox"/> SPIN BOWLER	<input type="checkbox"/> ROOKIE
	BOWLING	Right or Left hand?	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
③	WICKET KEEPING	<input type="checkbox"/> A GRADE	<input type="checkbox"/> B GRADE	<input type="checkbox"/> C GRADE	<input type="checkbox"/> ROOKIE

ANY RELEVANT MEDICAL CONDITION WE NEED TO BE AWARE OF (e.g. asthma, allergies, epilepsy, etc.)



PARENT OR GUARDIAN CONSENT – INDEMNITY AND RELEASE

I agree to allow my child to participate in the 2023 Girls Cricket Academy and associated activities organised and/or supervised by Cricket HQ.

I acknowledge, agree and confirm the following:

- (a) There are inherent risks associated with cricket training activities which may result in injury. I fully accept and agree to bear those risks on behalf of the player.
- (b) To the full extent permitted by law, I agree to absolve, indemnify, release and discharge Cricket HQ, its officers, employees, representatives and agents (“indemnities”) from any and all liability for any injury, loss, cost, charge, expense or damage suffered by me or the player, however caused, arising from or incurred directly or indirectly as a result of participation in the Winter Programme activities, including without limitation, as a result of any act, default, omission or negligence of the indemnities.
- (c) Should my child require medical attention, I authorise the staff of Cricket HQ to arrange medical or hospital treatment (including ambulance transportation) if I am not available to do so and I indemnify Cricket HQ and its staff or coaches for all costs.
- (d) I agree to not send my child to any session if he/she is feeling unwell, has a temperature or has been exposed to a COVID-19 close contact in the previous 7 days.

I have read, understood, acknowledge and agree to all the matters referred to in the statement, including the warning, release and indemnity.

I agree to send my child _____ to the 2023 Girls Cricket Academy Program at Cricket HQ at 51-53 Levanswell Road, Moorabbin 3189.

Parent/Guardian Name: _____

Signature: _____ Date: ____/____/2022

Consent to Disclosure Under Privacy Act


I hereby agree and consent to the provision of the personal information as set out in this form to Cricket HQ for use as is deemed necessary. I also give Cricket HQ permission to photograph and video my child during the coaching sessions for technical analysis plus use in future promotions.

Signature: _____ Date: ____/____/2022



<p>(6 Week Programme)</p>	<p>COST \$ 410</p>	<p>Complete the Registration Form and return to cricket@cricket-hq.com.au</p>
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PAYMENT DETAILS

<p><i>Please select</i></p>	<p><input type="checkbox"/> A</p> <p style="text-align: center;">Pay with Bank transfer</p>	<p>Bank Account: BSB: 033-047 Account Number: 150 111 Account Name: P.J. Camm & Associates Reference: Girls (Name of Player)</p>
<p><input type="checkbox"/> B</p>		<p>Complete Details Below:</p>

Please Charge My: VISA MASTERCARD **\$410**

Card Number:

Expiry Date: /

Cardholder Name: _____

Signature: _____