



WINTER CRICKET PROGRAMME



2026 REGISTRATION FORM

PLAYER'S NAME		AGE:
PARENT NAME(S) - If a Junior		
PARENT MOBILE PHONE(S) - If a Junior		
EMAIL ADDRESS		
PLAYER'S CLUB		
GRADE PLAYED in 2025/26	(e.g. Under 12B)	
PLAYED REP CRICKET in 2025/26?	YES	NO
	If Yes What Team:	

SKILL LEVEL - Please Tick

1	BATTING	<input type="checkbox"/> A GRADE	<input type="checkbox"/> B GRADE	<input type="checkbox"/> C GRADE	<input type="checkbox"/> ROOKIE
2	BOWLING	<input type="checkbox"/> FAST BOWLER	<input type="checkbox"/> MEDIUM PACE	<input type="checkbox"/> SPIN BOWLER	<input type="checkbox"/> ROOKIE
3	WICKET KEEPING	<input type="checkbox"/> A GRADE	<input type="checkbox"/> B GRADE	<input type="checkbox"/> C GRADE	<input type="checkbox"/> ROOKIE
PREFERRED TRAINING DAY			<input type="checkbox"/> Saturdays	<input type="checkbox"/> Sundays	<input type="checkbox"/> Either
WEEKENDS NOT AVAILABLE ⇨ (We must know the dates you are unavailable <i>prior</i> to registration. Your registration fee will be adjusted on a pro-rata basis. Note, there are no make-up, replacement or double sessions available with the Winter Programme)			LIST UNAVAILABLE DATES:		

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



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PARENT OR GUARDIAN CONSENT – INDEMNITY AND RELEASE

I agree to allow my child to participate in the 2026 Winter Cricket Training Programme 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 and will ensure the player wears a helmet at all times in the net area.
- (b) To the full extent permitted by law, I agree to absolve, indemnify, release and discharge Cricket HQ, its employees, representatives and coaches (“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 Cricket 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 or has a temperature.

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 enrol my child _____ in the 2026 Winter Cricket Training Program at Cricket HQ.

Parent/Guardian Name: _____

Signature: _____ Date: ____/____/2026

(Please note - this PDF does not support digital signature - only hand written or typed)

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: ____/____/2026

(Please note - this PDF does not support digital signature - only hand written or typed)

2026

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WINTER CRICKET PROGRAMME (8 Week Programme)	Complete the Registration Form and return to cricket@cricket-hq.com.au Once we receive your registration form we will send you a link to our on-line booking system so you can book your first 2 sessions in June. Forward bookings are restricted to 4 weeks in advance.
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PAYMENT DETAILS

<i>Please select</i>			
A <input type="checkbox"/>	Pay with Bank transfer	Bank Account: BSB: 033-047 Account Number: 150 111 Account Name: P.J. Camm & Associates Reference: Winter (Name of Player)	\$695
B <input type="checkbox"/>	Cash	Payable at First Session	\$650
C <input type="checkbox"/>		Complete Details Below: ↓	\$695
Please Charge My: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD			
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			
Cardholder Name: _____			
Signature: _____			
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