

2011/12 Membership Application Form

Deakin University Cricket Club Inc.
t/as Waurm Ponds Cricket Club
PO Box 405, Geelong Vic 3220



Please complete the following information that is required to become a junior member of the Waurm Ponds Cricket Club. Your personal information will be used for the club records, database and club communication purposes. This information can also be used in the event of injury, illness or emergency if required.

Full Name of Player/Member _____

Address: _____

Phone: _____ Birth Date: _____ / _____ / _____

Previous Club(s): _____
(only complete if you are new and have played at another club within the past two years)

Best Contact Details for Newsletters and Notices:

Email address: _____ Mobile: _____
(Inc SMS Messages)

Playing in (please circle):
CRICKET: MILO-In2 U11 U13 U15 U17 Senior's

Membership Amount as per Schedule:

\$

Name – Parents or Guardian: _____

- Only Complete if Player Under 18 – Parent or Guardian Details:

Address: _____
(Write as above if same as player)

I agree that membership is subject to abiding to the rules of the club, constitution and code of conduct as issued or directed by the Deakin University Cricket Club Inc. t/as Waurm Ponds Cricket Club. I have read and agree to the indemnity clause on the reverse / attached page, given details and hereby consent to the provision of the health information for the Waurm Ponds Cricket Club to use in the event of injury, illness or emergency, if required.

Signed by Player: _____ (Parent or Guardian if under 18)

Occupation: _____ (Help may be needed at the Club)

Name: _____ Date: _____ / _____ / _____
(Parent or Guardian if under 18)

PLAYER INDEMNITY & CONSENT FORM

The Waurm Ponds Cricket Club requires the information requested for use in relation to those competitions it participates in and other competitions as organised from time-to-time. Your personal information will only be used in the event of injury, illness or emergency if required.

Player's name: _____ D.O.B. _____

Parent/Guardian Name if Player U18: _____

Address: _____

Suburb: _____ P/Code _____ Best Phone No: _____

Emergency Contacts:

Name 1: _____ Phone: _____

Name 2: _____ Phone: _____

Name and Address of Family Doctor: _____

_____ Medicare No: _____

Private Health Insurance Fund _____ Contribution No: _____

Ambulance Member YES / NO

Is your child presently taking any medication? YES NO – (Circle)

If YES, please state name of medication, dosage, reason for taking etc. _____

Please tick if your child suffers from any of the following:

Dizzy Spells Fits of any type Heart Condition Blackouts Asthma

Migraine Epilepsy Diabetes

Allergies to: Penicillin Any Foods Drugs

Other or special care needed: _____

CONSENT: I understand that the Waurm Ponds Cricket Club will participate in affiliated cricket competitions and organised MILO-In2Cricket Clinics from time-to-time under the rules as set in accordance with the Geelong Cricket Association, Geelong Junior Cricket Association and/or Cricket Victoria affiliated guidelines. I also understand that there is a risk of injury involved in playing cricket or participating in a MILO-In2Cricket clinic and I authorise any official or co-ordinator from the Waurm Ponds Cricket Club in charge of my child's team or clinic, in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

INDEMNITY: Except where provided or required by law and such cannot be excluded, I agree that the Waurm Ponds Cricket Club and its respective officers, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating for the Waurm Ponds Cricket Club.

I have read, understood and agree to the above terms and I personally consent to the application of my child. I warrant that all the information provided is true and correct.

Signed: Player (Parent/ Guardian if under 18) _____

Name: _____ Date: _____