

Marist Cricket Club

Registration Form 2011-12 Season

Please Ensure the Registration Form is Signed by a Parent or Guardian

PLAYER INFORMATION			
Surname:		School Year 2011:	
Given Names:		House/Class:	
Date of Birth:		Age at 1 Sept 2011:	
Player's Usual Home Address:		Postcode:	
Email (for contact, newsletters, Willow Talk etc):			
Medical Issues:	<i>Please list any medical issues that your son's coach should be aware of:</i>		

CRICKET EXPERIENCE		
Season	Marist Teams:	Other Clubs:
2010-11:		
2009-10:		

CONTACTS IN ORDER OF PREFERENCE					
Name:	Relationship:	BH Phone:	AH Phone:	Mobile:	Email:

Coaches and Managers are essential for the support and future of Marist Cricket. If you are able to Coach or Manage a Team this year, please mark the appropriate box. Training and Accreditation for Coaches will be available during the season.

Name:	Coach:	Manage:	Umpire:	Score:	Other:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PARENT/GUARDIAN CONSENT:
 I hereby consent for the child, whose name appears on this registration form, to play for Marist Cricket Club in the 2011-12 season. In signing this form, I agree to be bound by the rules that govern ACT junior cricket and the rules and code of conduct of the Marist Cricket Club.

Parent/Guardian Name:	Signature:

2011-12 FEE: INDIVIDUAL \$145, FAMILY \$230 FOR TWO + \$35 EACH ADDITIONAL BOY

Credit Card Payment:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Amex & Diners Not Accepted
Card Number:	_____ / _____ / _____ / _____		
Card Expiry Date:	____ / ____		Amount: \$ _____.
Cardholders Name:	_____		
Signature:	_____		

Registration Fee Amount Paid:	If Paying Family Rate, How Many Boys Registered?	Receipt No:	

Committee Use Only: Entered in DB:

Fee Collected:

CASH/CHEQUE/CARD