



# MILNERTON CRICKET CLUB

## 2012 REGISTRATION FORM

**OFFICE USE ONLY :**

RECEIPT NUMBER / MEMBER NUMBER :

REGISTRATION DATE :

AMOUNT PAID : R

ADDED TO DATABASE :

PLAYERS DETAILS		PARENTS DETAILS	
SURNAME		FATHERS SURNAME, NAME	
CHRISTIAN NAME		CELL NUMBER	
CELL NUMBER		WORK TEL NO	
DATE OF BIRTH	/ /	HOME TEL NO	
SCHOOL ATTENDING		FAX NUMBER	
NAME OF PREVIOUS CRICKET CLUB		e-mail address (PRINT CLEARLY)	
CLEARANCE RECEIVED	YES / NO	OCCUPATION : (Optional entry)	
PROVINCIAL TEAMS REPRESENTED		MOTHERS SURNAME, NAME	
YEAR REPRESENTED		CELL NUMBER	
PLEASE NOMINATE A PREFERRED CONTACT PERSON		WORK TEL NO	
FIRST CONTACT		HOME TEL NO	
SECOND CONTACT		FAX NUMBER	
SPECIAL COMMENTS		e-mail address (PRINT CLEARLY)	

**INDEMNITY**

I, undersigned legal parent / guardian of \_\_\_\_\_, hereby grant permission that he/she may attend Milnerton Cricket Club for the 2010 season and participate in the practices and/or matches as per the clubs schedules.  
(childs full name)

I hereby unconditionally and irrevocably indemnify Milnerton Cricket Club and staff of Milnerton Cricket Club and any person acting on behalf of Milnerton Cricket Club for the period above mentioned against any and all responsibility for damage, injury, loss, discomfort, hospitalisation, medical treatment and death resulting from or arising during as a result of the above-mentioned project or the journey to and from the above-mentioned project.

I hereby grant permission to the person / persons in charge of the project to render any medical or other treatment as may be necessary to the above-mentioned person of whom I am the legal parent.

I also understand and agree to follow the principles and procedures embodied in the Milnerton Cricket Club Disciplinary Code and Procedure (copy can be requested from Club Chairman) and to abide by any ruling handed down by the Club's disciplinary committee relating to any misconduct by myself or my child/ren.

I hereby declare that the above-mentioned person does not, to the best of my knowledge, suffer from any contagious disease and that he/she is in good health.

Special circumstances of which Milnerton Cricket Club should take note of, e.g. handicaps, allergies, non-contagious diseases, chronic diseases or a tendency towards abnormal state of health, are the following:

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**DETAILS OF MEDICAL AID SCHEME**

Name of Scheme:		Member's Name:	
Members Number:		Name of Parent / Guardian:	

I hereby sign in agreement of the above: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2010 at Milnerton.