

APPENDIX IV

JUNIOR CRICKET REGISTRATION FORM

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_

PHONE No: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

AGE GROUP:	Have A Go (10&U)	U/13	U/15	U/17	<i>(Please Circle)</i>
FEES:	\$30	\$25	\$25	\$25	

Has your child played cricket before? YES / NO

Has your child any known medical conditions?  
(eg: asthma) \_\_\_\_\_

**IT IS RECOMMENDED THAT  
HELMETS BE WORN IN THE U/13'S,  
U/15'S AND U/17'S COMPETITIONS.**

*I hereby agree to play under the jurisdiction of the West Australian Junior Cricket Association and abide by all rules and regulations.*

*Signature of player:* \_\_\_\_\_

*I consent to my son/daughter \_\_\_\_\_ playing in the Central Great Southern Junior Cricket Association competition.*

*Signature of Parent/Guardian:* \_\_\_\_\_