

APPENDIX VI

**SENIOR CRICKET REGISTRATION FORM**

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

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

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

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

\_\_\_\_\_

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

EMAIL: \_\_\_\_\_

CLUB: \_\_\_\_\_

CLUB, GRADE & SEASON LAST PLAYED: \_\_\_\_\_

\_\_\_\_\_

Do you have any known medical conditions?

(eg: asthma) \_\_\_\_\_

**IT IS RECOMMENDED THAT HELMETS BE WORN**

*I hereby agree to play under the jurisdiction of the Central Great Southern Cricket Association and abide by all rules and regulations. I acknowledge I have read & understand the Player Code of Behaviour.*

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

*Date:*     /     /