

REGISTRATION FORM

V1.2 - 1 Aug.2003



Toowoomba Cricket Inc.

Affiliated with Q.C.C.A.
ABN: 71 442 394 663

Northern Brothers Diggers
Southern Magpies

Met-East's
Railways Bulldogs

University
West's

SENIOR

JUNIOR

Surname: _____ First Name _____

Sex : M F

Date of Birth: ____/____/____

Address: _____ Town/City: _____ Postcode: _____

Phone No's: (Home) _____ (Work) _____ (Mob) _____

E-Mail (if applicable) _____

Club Previously Registered with: _____ Clearance Obtained: YES NO
(Senior Club only)

Available for Representative Matches: YES NO

Are you able to Help Toowoomba Cricket in any role/activity? YES NO

Role/Activity/Skill: _____ (Skills able to help Toowoomba Cricket)

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I agree to abide by the rules and conditions as laid down by the Q.C.A., Toowoomba Cricket Inc. and affiliated bodies. I also understand that by registering with Toowoomba Cricket I am automatically included in the Q.C.A. compulsory insurance scheme.

I also understand that it is my responsibility to obtain a clearance from the Club which I played for previously. I also agree to abide by the Player's Code of Conduct and agree to accept any decision made by the Judiciary of the Toowoomba Cricket Incorporated.

(Players/Parent/Guardian) Signature: _____

For Juniors

Guardian/Parent Name: _____ Phone No: _____

Student Institution: _____

Address if different to Players address: _____

CONSENT TO DISCLOSURE PRIVACY ACT

I acknowledge and agree that the personal details relating to me / my child set out on this form, including without limitation my name and address, may be provided to the Queensland Cricket Association Limited for use by that organisation as it sees fit in the course of its administration of cricket in Queensland.

Signed: _____

Print Name/s: _____

Date: ____/____/____

Official use only

Registration Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Paid	____/____/____
		Amount Paid	\$ _____