

Kings Langley Cricket Club

2010/2011 Senior Registration Form



Players Details			
Name:		D.O.B :	
Address:		Postcode:	
Telephone:		Mobile:	
Email:		Parents Names (if under 18):	
Previous Cricket Club Experience (only applicable to new players to KLCC)			
Club:		Association:	
Grade Played:		Last Season Played	
Last season played Batting Statistics:		Last Season Played Bowling Statistics	
Medical Details			
Do you suffer from any medical conditions or allergies that the club needs to be made aware of - Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please give details -			
Volunteers			
Are you able to help in any of the following areas			
Coaching <input type="checkbox"/>	Managing <input type="checkbox"/>	Canteen <input type="checkbox"/>	Sponsorship <input type="checkbox"/>
Registration Fees 2010/11 Season			
\$175 – Students \$155 (registration includes club cap, match balls and umpire fees)			
Playing Shirt Order - \$30 (please tick required size)			
<input type="checkbox"/> Size S	<input type="checkbox"/> Size M	<input type="checkbox"/> Size L	<input type="checkbox"/> Size XL
			<input type="checkbox"/> Size XXL
Acknowledgement			
I agree to abide by the rules and codes of behavior set out by Kings Langley Cricket Club and the Parramatta District Cricket Association.			
I agree to pay all monies owed to Kings Langley Cricket Club.			
I agree to make myself available for selection in all Semi Final and Final matches for which my team qualifies, subject to injury or other unforeseen circumstances.			
I hereby acknowledge that the sole responsibility for insurance and/or medical cover for events, injuries or expenses incurred lies with the player/parent/guardian. I also agree to indemnify the Club against injury to the player should it occur whilst playing for the Club, or at practice.			
_____ Senior Player/Parent/Guardian Signature		_____ Print Name	_____ Date
Payment			
Completed form with cheque (payable to Kings Langley Cricket Club) or credit card details can be mailed to The Registrar KLCC - PO Box 175, Kings Langley 2147 – EFTPOS facilities will be available on registration days			
Please debit my credit card for the amount: \$ _____		Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> (please tick)	
Card Holders Name: _____		Expiry Date : _____	
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Signature: _____	
Club Use Only	Amount Paid: \$	Cash/Chq/Card	Receipt No: