

Kings Langley Cricket Club

2011/2012 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 2011/12 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: