



Albany Creek Cricket Club Inc.
 PO Box 82 Albany Creek Q 4035
10/11 PLAYER REGISTRATION FORM
& Membership Application Form

Reg. No.

Player Personal details (a separate form is required for each player in the family)

Surname: _____ Given names: _____

Address: _____

Date of Birth: _____ Age as at 31/08/10 _____ Class _____.

School: _____

Did your child play for the club last year? Yes No

Your child is playing: Full Year Half year

TO BE COMPLETED BY PARENT OR GUARDIAN

1st Parent/Guardian: Given names: _____ Ph: H _____

email address _____ Ph: Mobile _____

2nd Parent/Guardian: Given names: _____

NOTE: We only store the contact details for the 1st Parent/guardian. This should be the primary contact for the child. The name of the second parent/guardian, if provided, will be used on the team contact lists provided to the parents in your child's team.

MEDICAL DETAILS

During games or training, in the event of accident or injury, Managers and Coaches have been advised to arrange appropriate medical treatment.

Family Doctor: _____ Ph: _____ Medicare No: _____

Address: _____

Any illness / disability / allergy? _____

MEMBERSHIP APPLICATION

I _____ (PARENT OR GUARDIAN), do hereby apply for membership of the Albany Creek Cricket Club Inc. having paid the full membership fee of \$160.00 (one player) and \$100.00 (each additional player in the same family) or \$120.00 per ½ season player, this fee includes the player/s registration fee.

Signed: _____ Date: _____

Special Playing Requests: _____

Parent/guardian can you assist as: Team Coach or Team Manager

PAYMENT DETAILS:

Total fee Payable \$ Amount paid \$.....

Cheque No: Receipt No. Date:

All Players: Protector Drink Bottle Playing Shirt

Cap for new players (will be presented on Cap Day)