Participant Registration Form

CRICKET AUSTRALIA

www.cricket.com.au

✓ compulsory fields.

PERSONAL INFORMATION *(Please Print Clearly)*

Original Copy (White) - Participant 2nd Copy (Yellow) - State/Territory/CA 3rd Copy (Blue) - Centre

✓ Given Name ✓ Surname

✓ Email

✓ Date of Birth / / ✓ ◯ Male ◯ Female

✓ Address

✓ Suburb ✓ State ✓ Postcode

✓ Home Phone Mobile

✓ Parent / Guardian (1) ✓ Phone

✓ Parent / Guardian (2) ✓ Phone

Centre CHISHOLM SAT FRI CONDER SAT FRI

✓ Please tick ✓ which of the following activities are being participated in: ◯ **MILO HAVE-A-GO** ◯ **MILO HAVE-A-GAME** ◯ **OTHER**

✓ Current School

✓ School Suburb ✓ Grade / Year level

Is your child an Aboriginal or Torres Strait Islander? ◯ Yes ◯ No

Is your child from a culturally or linguistically diverse background? ◯ Yes ◯ No

✓ Does your child have any illness or allergy for which medication is required? ◯ Yes ◯ No

If yes, please specify? _____

Does your child have any physical, intellectual or sensory disability? ◯ Yes ◯ No

If yes, is there anything the Centre Coordinator can do to assist their participation? _____

_____

✓ How many years has your child been involved in a Cricket Program ◯ 1 year ◯ 2 years ◯ 3 years Other _____

✓ Has your postal address changed in the last 12 months? (this helps us to update your information) ◯ Yes ◯ No

_____

✓ How did you find out about this Cricket Australia Program? ◯ Poster / Flyer ◯ Local cricket club ◯ School Newsletter ◯ School Clinic conducted at your School ◯ Internet ◯ Word of mouth ◯ TV/Newspaper Other _____

✓ Are you interested in volunteering during the season? ◯ Yes ◯ No

PRIVACY STATEMENT

The health information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of minimising the risk of serious or imminent threat to the participant's life, health or safety. The sensitive information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of collating information for research, submissions to a government or planning cricket related activities. Where such sensitive information is collected it is de-identified. The use of other personal information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of administering Cricket Australia Junior Participation Programs and to ensure that participants (and their parents and guardians) are kept informed of junior cricket initiatives, giveaways and competitions which Cricket Australia and State or Territory Cricket Associations conduct from time to time. Further information on Cricket Australia's Privacy Policy is available at **www.cricket.com.au**

INDEMNITY AND RELEASE

In consideration of allowing my child to participate in the Cricket Australia Junior Participation Program ('Program'), I the undersigned (for myself, my heirs, executors and administrators) agree both on behalf of my child and in my own right, with Cricket Australia ('CA'), the State/Territory Cricket Association and Nestle Australia Limited ('Nestle') that:

- **I CONFIRM** that I am a parent or legal guardian of the child and that I am responsible for organising transportation of the child to and from the Program.
- **I INDEMNIFY** the State/Territory Cricket Association, CA and Nestle for all liability and costs associated with my failure to arrange for the prompt collection of my child after the designated finish time of the Program.
- **I ACKNOWLEDGE** that there are inherent dangers associated with the Program which may result in the child being injured.
- **TO THE FULL EXTENT PERMITTED by LAW,** To absolve, indemnify and keep indemnified CA, the State/Territory Cricket Association, and Nestle and their directors, officers, employees, volunteers, sponsors and agents involved in the Program against all costs, losses or damages however caused arising from or in relation to my child's participation in the Program.
- **TO THE FULL EXTENT PERMITTED by LAW,** To waive, release and forever discharge CA, the State/Territory Cricket Association, Nestle and their directors, officers, employees, volunteers, sponsors and agents involved in the Program from all claims and/or causes of action that I or my child have or may have (including for negligence) arising from any injury, loss or damage of any kind suffered by my child including personal injury, illness or death and/or loss or damage to any property (in so far as this does not breach the provisions of the Trade Practices Act) arising either directly or indirectly out of my child's participation in the Program.
- **I AUTHORISE** registered Program Coordinators to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and **I INDEMNIFY** the State/Territory Cricket Association, CA and Nestle for all costs associated therewith.

I have read, understood, acknowledge and agree to this declaration including the warning, release and indemnity.

NAME _____ SIGNED _____ DATE _____

GROUP USE ONLY

Date

Fee Paid: _____ Cash / Cheque: $ _____