



REGISTRATION FORM

Do you already have a MyCricket account? If so, do you know the number or previous club name?			
Player Senior <input type="checkbox"/>	Player Junior <input type="checkbox"/>	Player Veteran <input type="checkbox"/>	Social Member <input type="checkbox"/>
First Name			
Middle Name/Initial			
Last Name			
Date of Birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Address			
Suburb			
State			
Postcode			
Email			
Mobile			
Work Phone			
Emergency Contact — Name			
Emergency Contact — Phone			
Emergency Contact — Email			
Any illness or allergy for which medication is required? If yes, please provide details.			
Does the participant have a physical, intellectual or sensory impairment? Anything that can be done to assist participation?			
Is the participant of Aboriginal or Torres Strait Islander descent?			
Is the participant from a culturally or linguistically diverse background?			
Do you have any of the following certifications?			
First Aid <input type="checkbox"/> Level	RSA <input type="checkbox"/>	Coaching <input type="checkbox"/> Level	
Working with Children <input type="checkbox"/>	Food Handling <input type="checkbox"/>	Other <input type="checkbox"/>	
We're looking for sponsors to help the club, do you know of anyone that might be interested in sponsorship opportunities?			