



Crusaders Cricket Australia Inc REGISTRATION FORM

Current Club		Season	
Surname			
Given Names			
Residential Address			
			Postcode
Phone	Home:	Business:	Mobile:
Email			
Date of Birth			
School Attended			

MEMBER TYPE – Please tick the square(s) which best describe the member's details:

BATSMAN	<input type="checkbox"/>	BOWLER	<input type="checkbox"/>	WICKET-KEEPER	<input type="checkbox"/>
Right-Handed	<input type="checkbox"/>	Right-arm Fast	<input type="checkbox"/>	Left-arm Fast	<input type="checkbox"/>
Left-Handed	<input type="checkbox"/>	Right-arm Medium Pace	<input type="checkbox"/>	Left-arm Medium Pace	<input type="checkbox"/>
	<input type="checkbox"/>	Right-arm Wrist-Spin	<input type="checkbox"/>	Left-arm Wrist-Spin	<input type="checkbox"/>
	<input type="checkbox"/>	Right-arm Off-spin	<input type="checkbox"/>	Left-arm Orthodox-spin	<input type="checkbox"/>
MANAGER	<input type="checkbox"/>	UMPIRE	<input type="checkbox"/>	SCORER	<input type="checkbox"/>

I HEREBY CERTIFY THAT I AM A REGISTERED MEMBER OF THE ABOVE CLUB. I AGREE THAT I AM BOUND BY THE MEMORANDUM AND ARTICLES OF ASSOCIATION, BY-LAWS AND RULES OF CRUSADERS CRICKET AUSTRALIA INC.

MEMBER'S SIGNATURE

DATE



In consideration of The Crusaders accepting my nomination to participate in coaching, umpiring, scoring, managing, playing or in any other activity with The Crusaders, I acknowledge and agree that:

- The sport of cricket can be inherently dangerous and that serious accidents can and do happen which may result in my being injured. I have voluntarily read and understood this warning and accept and assume the inherent risks in cricket and the Activity.
- I am and must continue to be medically and physically fit and able to participate in the Activity. I will immediately notify The Crusaders of any change to my fitness and ability to participate in the Activity.
- Except to the extent that the Trade Practices Act 1974 (Cth) or other legislation applies, and cannot be excluded, it is a term of my participation in the Activity that The Crusaders are absolved and indemnified from all liability however arising from injury or damage however caused due to my participation in the Activity.
- I release and forever discharge The Crusaders from all claims that I may have or may have had but for this release arising from my participation in the Activity.
- I authorise representatives of The Crusaders to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and I indemnify The Crusaders for all costs associated therewith.
- I am bound by the Memorandum and Articles of association and By-laws, Regulation and Policies of The Crusaders as adopted from time-to-time and available for inspection by contacting The Crusaders on (03) 9415 6211.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release & indemnity.

Signed: Date:

Name:

Where the registrant is under 18 years of age this form must also be signed by the registrant's parent or legal guardian.

I, am the parent or guardian of the registrant. I expressly agree to be responsible for the registrant's behaviour and agree to personally accept the conditions set out in this Registration Form including the provision by me of a release and indemnity in the terms set out above.

Parent's signature: Date:

(where applicant is under 18 y.o)

Name: