

# HORNSBY DISTRICT CRICKET CLUB

(Hornsby Heights Sports Club Inc.)



## REGISTRATION FORM - 2006/2007

PLEASE PRINT

NAME OF PLAYER: \_\_\_\_\_  
(Surname) (Given Names)

ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth certificates need to be sighted for new members ☐

### GIVEN NAME AND SURNAME OF PARENT(S)/GUARDIANS OF JUNIOR PLAYERS:

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

**FOR NEW SENIOR PLAYERS ONLY:** Please list details of previous experience (e.g. Name of Club, batting, bowling, number of years played, etc.) On reverse side of this form.

Please ☒ appropriate box

**YES!! I can help in:** Managing ☐ Coaching ☐ Scoring ☐ Committee Work ☐ Administration ☐

**Do you wish complimentary membership of Asquith Bowling and Recreation Club** Yes/No **Junior/Senior**

**NB: If you say yes, your details will be supplied to the Asquith Bowling Club for membership purposes only.**

**WHY DID YOU REGISTER WITH HORNSBY DISTRICT CRICKET CLUB:** please ☒ appropriate box

Played with Club in previous seasons Friend plays in Club Local newspaper advertisement

From School flyer Visit by NSW Cricket Assoc. Development Officer Other

### AGREEMENT TO PLAY:

- I understand that Hornsby District Cricket Club is incorporated under Hornsby Heights Sports Club Inc.
- I agree that the above player will abide by the Club Constitution and By-Laws
- I hereby consent to the above player, playing with Hornsby District Cricket Club
- I declare that the above player does not suffer any impediment which will prevent him or her from playing and training
- I hereby agree to indemnify the Club and/or its officials in the event of the player's injury on the field of play or in the care of a club official or other person acting on the club's behalf
- I authorise Club officials to seek medical attention in the event of injury and agree to meet medical expenses
- The player above agrees to play in the team selected and comply with the relevant Code of Conduct
- I declare that the details provided on this Registration Form are true and correct in every detail
- I understand that all Junior players must wear an approved helmet at all times when batting – including during training.
- The HDCC will only use the e-mail address for the sole purpose of communicating cricket news to players and parents.

**SIGNATURE** of Senior Player, Parent or Guardian \_\_\_\_\_ **Date** \_\_\_\_\_

### OFFICIAL USE ONLY

Shirt Returned Y/N New Shirt Issued Y/N Size : \_\_\_\_\_

Cap issued Y/N

Date of Receipt \_\_\_\_\_ Receipt No

☐ Cheque No.: \_\_\_\_\_ Cash ☐

☐ Credit Card (Bankcard, MasterCard, Visa only)

Cardholder's Name: \_\_\_\_\_ Expiry Date

Amount \_\_\_\_\_ Signature \_\_\_\_\_

Kanga	Under 9	
Under 10	Under 11	
Under 12	Under 13	
Under 14	Under 15	
Under 16	Under 19	
Student Senior	Senior	
Casual	Girls	