



Est. 1975

# PENDLE HILL COLTS CRICKET CLUB INC

ABN 89 727 135 632



Est. 1975

**Address**  
P.O. Box 3026  
East Toongabbie 2146  
Email: phccc@ihug.com.au

**Secretary**  
B Shanahan  
Mob: 0408 448 831  
Email: brendan@ihug.com.au

**President**  
J Grainger  
Mob: 0424 302 566  
Email: grundgie@hotmail.com

**Treasurer**  
M Keary  
Mob: 0411 512 449  
mkeary@bremick.com.au

## JUNIOR REGISTRATION FORM – 2014/15 SEASON

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MEDICATION/ALLERGIES: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

TELEPHONE- HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TOONGABBIE SPORTS & BOWLING CLUB MEMBER No: \_\_\_\_\_ Name: \_\_\_\_\_  
(compulsory)

### PLAYED 2013/2014 SEASON (Only required for players new to the club)

CLUB: \_\_\_\_\_ AGE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

BATTING / BOWLING STATISTICS (IF AVAILABLE) \_\_\_\_\_

### PARRAMATTA DISTRICT CRICKET ASSOCIATION "AGE POLICY"

The Junior age group date is at midnight on 31<sup>st</sup> August of the current season. e.g. your child turns 11 on 31<sup>st</sup> August they must play Under 12's. If your child turns 11 on 1<sup>st</sup> September they may still play Under 11's.

### PROOF OF AGE REQUIRED AT REGISTRATION – Birth Certificate or Passport (New players only)

This season it may be required that your child play in a higher age group. Please tick one of the squares below.

ONLY IN OWN AGE GROUP

ONE AGE GROUP ABOVE

**REGISTRATION FEES:** U10, 11 & 12: **\$120.00** U13 and older: **\$130.00** In2Cricket: **\$50.00**

#### **Accident and Injury Disclaimer:**

I hereby agree that Pendle Hill Colts Cricket Club ("The Club") including any of its officers and/or members shall not be held responsible for any accident, illness or injury sustained while playing, training or attending any function with The Club. Furthermore, I understand that it is my responsibility to arrange an appropriate level of insurance and/or medical cover. I also give my permission to The Club to arrange medical attention that may be deemed necessary including ambulance transport and I agree to pay for all such costs incurred.

#### **Agreement:**

I hereby apply for my child to be registered as a player of the Club. We (the child and parents/guardians) agree to abide by the rules, constitution, by-laws and policies of the Club and the PDCA.

#### **Privacy:**

Unless otherwise notified, I agree to my child's name/photo being published in Club newsletters, Club website and local newspapers for the purposes of acknowledgement & commendation only. Information supplied on this registration form will be used for the Club, PDCA and Cricket NSW purposes only. The information will not be used for marketing purposes or passed to any third parties without your consent.

Signature..... (Must be signed by parent/guardian if under 18 years of age)

Name ..... Date .... / .... / .....

**The Club reserves the right to accept or decline any registration at any time during the competition year. Registration will not be accepted without payment of fees and is also subject to team availability.**

**Player Participation in Senior Teams:** (Under 14, 15, 16 Players Only) YES  NO

#### **Parent Participation – I Can Help With:**

Coaching  Managing  Scoring  Social/Fundraising  Training  In-2-Cricket

#### OFFICE USE ONLY:

PROOF OF AGE

AMOUNT: \$.....

RECEIPT: #.....

SHIRT SIZE: .....

CAP SIZE: .....