



2011/12

Coomera Hope Island Cricket Club SENIOR SIGN ON FORM

TITLE	MR / MRS / MS / MISS / MASTER / DR	ADDRESS	
FIRST NAME*		SUBURB	
MIDDLE NAME		POSTCODE*	
LAST NAME*		STATE*	
DATE OF BIRTH*		HOME PHONE	
GENDER*	MALE / FEMALE	MOBILE*	
WORK PHONE			
EMAIL*			

*required

SHIRT SIZE		COMMENTS	
------------	--	----------	--

MEDICAL INFORMATION

ANY ILLNESS OR ALLERGY FOR WHICH MEDICATION IS REQUIRED?	YES / NO
IF YES PLEASE SPECIFY	
DOES THE PARTICIPANT HAVE A PHYSICAL, INTELLECTUAL OR SENSORY IMPAIRMENT?	YES / NO
IF YES PLEASE SPECIFY	
PLEASE LIST ANYTHING THAT CAN BE DONE TO ASSIST PARTICIPATION	

PLAYERS NEW TO THE CLUB ONLY

HAVE YOU PLAYED WITH A GCJCA AFFILIATED CLUB?	YES / NO
HAVE YOU EVER PLAYED FOR ANOTHER QLD ZONE OR INTERSTATE CLUB?	YES / NO
IF YES LIST SEASON PLAYED & ZONE / CLUB	ZONE: _____ YEAR PLAYED: _____ CLUB: _____
DO YOU HAVE CLEARANCE FROM YOUR PREVIOUS CLUB?	YES / NO

NEXT OF KIN

NAME		CONTACT NUMBER	
------	--	----------------	--

PLEASE COMPLETE THE PRIVACY ACT & INDEMNITY AND RELEASE FORM BELOW.
THANK YOU FOR CHOOSING TO PLAY WITH COOMERA HOPE ISLAND CRICKET CLUB.

CLUB USE ONLY:

PAYMENT: EFTPOS CASH CHEQUE

AMOUNT: _____ RECEIPT NUMBER: _____ INDEMNITY:



Coomera Hope Island Cricket Club

CONSENT TO DISCLOSURE : PRIVACY ACT

I hereby agree and consent to the provisions of my personal information as set out in the form to the Queensland Cricket Association Limited for use by it as it sees fit in the course of its administration of Queensland Cricket.

INDEMNITY AND RELEASE

I agree to my applying to and being allowed to participate in the activities.

In consideration of the Associations allowing myself to take part in the Activities I acknowledge, agree and confirm to the following;

- a) That there inherent risks associated with the activities which may result in myself being injured including in a serious manner. I fully accept and agree to bear those risks.
- b) To the extent permitted by law, I agree in my own respective rights to absolve, indemnify, release and discharge the association, its officers, employees, representatives and agents (Indemnities) from any and full liability for any injury, loss or damage to myself however caused arising out of my participation in the activities including without limitation as a result of acts of negligence by the Indemnities.

I/We have read, understood, acknowledge and agree to all matters referred to in this statement, including the warning, release and indemnity.

Signed:	
Print Name:	
Date:	