



REGISTRATION
NUMBER

Office Use Only

2009/2010 REGISTRATION FORM

www.oceanridgejcc.com.au

orjcc@hotmail.

PLAYER AGE AS
OF 1ST SEPT
2009

YRS

Section 1: Player's Details		
Surname:	First Name:	Second Name:
Street Address:	Suburb:	Post Code:
e-mail address: (if Available)	Home Phone:	
	Emergency or Mobile:	
Date of Birth:	Birth Certificate Identification No. (Birth Certificate/Extract only to be produced for the registration of new players)	Male Female Year Last Played: Team Last Played:
School Player Attends:	Do you wish to receive e-mails from the ORJCC relating to events and Publications:	Yes / No
Are there any MEDICAL CONDITIONS that the Club and Coach should be aware of? eg Asthma, Epilepsy, Eyesight etc. (Information will be kept in confidence.)		
PLEASE NOMINATE 2 PLAYERS THAT YOU WISH TO PLAY WITH. PLEASE DO NOT NOMINATE "PREVIOUS TEAM" {NB All players will be sorted into teams in accordance with Club and Association Guidelines. While the Club will attempt to satisfy this request no guarantee can be made}.		
Player #1	Player #2	Preferred age group:
Section 2: Parents' Details		
Father's Name:	Mother's Name:	Guardian:
Occupation:	Occupation:	Occupation:
A vital part of junior cricket is parent/guardian participation. Are you willing to assist as:		
<input type="checkbox"/> Coach	<input type="checkbox"/> Team Scorer	<input type="checkbox"/> Committee Member
<input type="checkbox"/> Manager	<input type="checkbox"/> First Aid Attendant	<input type="checkbox"/> Other, Please specify
<input type="checkbox"/> Square Leg Umpire	<input type="checkbox"/> Fund Raiser
Would you or your business support the Club by being a sponsor?		<input type="checkbox"/> (Tick for yes)
Name of business and contact phone number:		
Section 3: Fees & Payment Details		
Fees: (Note: these amounts are inclusive of all match payments and team photo)		
Tick which applies:		
First Player - \$ 140.00 <input type="checkbox"/>	Second Player - \$ 120.00 <input type="checkbox"/>	
In2CRICKET 5 – 6 yrs \$70.00 <input type="checkbox"/>	In2CRICKET 7 – 8 yrs \$80.00 <input type="checkbox"/>	
Please send your cheque or money order to: PO Box 584, JOONDALUP. 6919		
Cheques and money orders should be payable to the OCEAN RIDGE JUNIOR CRICKET CLUB .		
If you have any queries please contact the Registrar ☎ [08] 9402 7073. The Club's Registration Day will be held on Saturday 15th August, 2009 between 9.30 am and 12.30 pm at Heathridge Club Rooms, Sail Terrace, Heathridge.		
PRE-REGISTRATION IS PREFERRED.		
LATE REGISTRATIONS WILL ONLY BE ACCEPTED IF NUMBERS PERMIT.		
CLUB USE ONLY		
Fee Paid \$.....	Receipt No	Cheque/Cash/Money Order
Club Shirt/Hat \$.....	Date	Cheque/M.O. Date
Total Paid \$.....	Player's Assoc'n Number.....	Cheque/M.O. Branch
		Drawer.....
PLEASE READ THE INFORMATION OVER THE PAGE CAREFULLY AND SIGN.		

INDEMNITY AND RELEASE

“Club” Means Ocean Ridge Junior Cricket Club Inc.
“Association” Means North West Metropolitan Cricket Association Inc.
“Child” Means child or ward (whichever is applicable)

In allowing my child to participate in the 2009/2010 cricket season

- I **CONFIRM** that I am a parent or legal guardian of the child and that I am responsible for organising transportation of the child to and from all activities associated with the competition.
- I **INDEMNIFY** the Association/Club, Member Club Officials including Coaches, Umpires and all associated sponsors for all liability costs associated with my failure to arrange prompt collection of my child after the designated finish time of all activities.
- I **ACKNOWLEDGE** that there are inherent dangers associated with the program which may result in the child being injured.
- To the extent permitted by law, I agree both on behalf of the child and in my own right to **ABSOLVE AND INDEMNIFY** Association/Club, Member Clubs, Coaches, Umpires and all associated sponsors from any and all liability for injury, loss or damage however caused arising out of the child’s participation in the program.
- I **AGREE** both on behalf of the child and in my own right to **RELEASE AND FOREVER DISCHARGE** the Association/Club, Member Clubs, Coaches, Umpires and all associated sponsors from all claims that I or the child may have or may have had but for this release arising from the child’s participation in the program.
- I **AUTHORISE** registered program coordinators to arrange medical or hospital treatment (*including ambulance transportation*) if I am not available to do so and I **INDEMNIFY** the Association/Club, Member Clubs, Coaches, Umpires and all associated sponsors for all costs associated therewith.
- I **ACKNOWLEDGE** that acceptance by the Club of this application for registration does not guarantee a place in a team.
- I **AGREE** that registration is accepted on the basis of child wearing protective equipment as laid down by the Association.

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

Signature..... Date / /2009.

Print Name.....

PRIVACY POLICY

Personal information collected by the Ocean Ridge Junior Cricket Club Inc. is for the primary purpose of membership requirements and/or competition purposes. It will not be released for any form of commercial gain and will be maintained in a secure environment as per the requirements of the Privacy Act. Completion and lodgement of this Registration Form indicates acceptance of the Club’s Policy.

Ocean Ridge Junior Cricket Club regularly collects images of participants to use in the publication of Coverpoint and on their website to recognise achievements and inform members about club matters.

I give permission for ORJCC to use images of my child in the ways mentioned above **Yes / No** _____
Signature of Parents
Or Guardians