**BOX HILL REPORTER DISTRICT CRICKET ASSOCIATION Inc.**

###### Player Registration Form

Registration not valid if address, indemnity & declarations are not completed. Where appropriate, this form may also serve as a player’s authority for permit application(s) [Rule 10(d)(ii)]

**Club** CC **Age Group *(at 1 Sep):*** O50 : O40 : Open : U18 : U16 : U14 : U12 : Anklbytr

 *( circle/highlight all that apply )*

**Family Name** **DOB** **Gender**

**Given Names** **VCR #**

 *(Victorian Cricket Reg’n)*

**Address** **Postcode**

**Phone Numbers** ***(Pr)*** ***(Wk)*** ***(Mbl)***

**Email** ***(Fax)***

### PLAYER HISTORY

# CLUBS PLAYED WITH IN CURRENT & PREVIOUS THREE SEASONS

|  |  |  |
| --- | --- | --- |
| **Season** | **Club** | **Association** |
| Current (this season) |  |  |
| 20 / 20 |  |  |
| 20 / 20 |  |  |
| 20 / 20 |  |  |

# DETAILS OF CURRENT SUSPENSIONS

*If this section is not completed it is assumed the player has a clean record.*

Club Association

Nature of Penalty/Suspension:

Period of any Suspension: From / / to / /

### INDEMNITY & DECLARATIONS WITH RESPECT OF THE ABOVE NAMED PLAYER

***Indemnity:***

1. I hereby give authority for provision of medical treatment as a result of injury or illness during a game, training or other activity if required.
2. I absolve absolutely the BHRDCA and its Affiliates/Associates from all financial and legal responsibility with respect of medical treatment deemed necessary as a result of injury/illness sustained while training with any such Club/Association or participating in fixtures arranged by the BHRDCA and/or others.
3. Players/Parents accept full responsibility for adequate medical and other insurance.
4. I consent to photographs being taken and used for promotion of relevant programmes/activities and to dissemination of contact details as appropriate for the delivery of relevant services. *(cross out as required if this consent is not fully given)*.

***Declaration:***

I hereby attest that the information given herein is correct in every detail and unequivocally agree to the above indemnity.

I agree to abide by all rules and regulations of the Box Hill Reporter District Cricket Association Inc.

I am aware that a false declaration will result in severe penalties.

Player’s Signature *(print & sign)* Date / /

Parent/Guardian’s Signature Date / /

 *(Print Name and Sign - required for and on behalf of players under 18 years of age)*

### CLEARANCES

For open/under-age competitions, subject to exclusions under our “Interchange Permission”, this form is to be supported by a clearance form if

1. the player has played with another Club within the BHRDCA in the current or the previous season, [Rule 10(c)(i)]
2. the player has played in another Association affiliated with the VMCU *during the current season,* [Rule 10(d)(ii)].
3. the player is returning to play in the BHRDCA but with a different Club having played Premier or Sub-District Cricket. [Rule 10(c)(ix)]. Clearance is required from original BHRDCA Club only.

#### Association Use Only

Date Rec’d / / Approved Record Updated / /