



# Ringwood and District Cricket Association A116

Founded 1920  
Affiliated with the V.M.C.U.

Web Site: [www.rdca.com](http://www.rdca.com)

## JUNIOR REGISTRATION FORM

Club: \_\_\_\_\_ Club Code: \_\_\_\_\_  
Last RDCA Club played for: \_\_\_\_\_ Season: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Pre-existing medical conditions (e.g. Allergies or Chronic Illness):

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I hereby give permission for the above mentioned child to participate in cricket. Further I authorise the club to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization granted only if I cannot be reached and reasonable efforts have been made to reach me.

My child and I are aware that participating in cricket is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants and equipment, the effects of weather, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by us.

I understand this registration form and agree to its conditions on behalf of my child.

Child's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this form you agree that the above information may be used by the Ringwood and District Cricket Association and your club to facilitate communication with you as seen appropriate.*