



Upper Beaconsfield Cricket Club Inc

"The Famous Dark Maroons"

Player Registration Form UBCC 2011/2012

Surname: _____ First Name: _____ D.O.B: ___/___/___

Address: _____

Suburb: _____ Postcode: _____

Home Ph: _____

Email Address: _____@_____

Emergency Contact Details: (in case parent/guardian are unable to be contacted)

Name: _____ Relationship: _____

Home Ph: _____ Mobile Ph: _____

Medical Information:

Please list any medical condition that the Club should be informed of:

If taking medication please list:

It is essential to inform your coach/team manager of any changes to your medical condition during the season.

Do you have private Health Cover? Yes No Which Fund:

Do you have an Ambulance Membership? Yes No

Do you consent to your child receiving emergency Medical or Hospital treatment? Yes No

By signing below, parents/guardians and players acknowledge the following:

The club has very limited player accident insurance and it is recommended that all players have their own Private Health and Ambulance cover. The Club has a strictly enforced Code of Conduct and you agree to abide fully by that Code of Conduct at all times.

Players Signature: _____