|  |  |  |
| --- | --- | --- |
|  | **Registrations close on**  | Paul Morshead 6181 8029President |
| You can register by **mailing** your form and payment to QDJCC, PO Box 1280, Queanbeyan 2620, direct debit and emailing the completed form to juniors@queanbeyancricket.com or at Mr Brandman, 5 Gilmore Place. |

# **Player Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **School** | **Date of Birth** | **Team** |
| 1  |  |  |  | U  |
| 2  |  |  |  | U  |
| 3  |  |  |  | U  |
| **Address:** |
| **Phone:** | **Email:** |
| **Please indicate level of experience if new to the club:**  |
| **Please list any medical conditions the club should be aware of:** |

# **Parent/Guardian Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Home Phone** | **Mobile or Work Phone** |
| 1 |  |  |  |
| 2 |  |  |  |
| Please tick one or more boxes to indicate your availability to help with…🞎 Coaching 🞎 Managing 🞎 Scoring 🞎 Umpiring 🞎 Committee  |
| **Registration Fees** |
| **1 In2 Cricket Player (5-7) $100** | **2 In2 Cricket Players $190****3 In2 Cricket Players $270** | 1 Junior**Player (8-18) T20 Blast U7-10 $140** | 1 Junior &**1 In2 Cricket $220** | 2 Junior Players $2403 Junior Players $330 |  |
| Payment must accompany this form or electronic funds transfer to:Queanbeyan Junior Cricket Club**BSB 112879 Account Number 040001518 – include your surname in transaction**Bank receipt to be emailed to registrar with registration form juniors@queanbeyancricket.com. |
| Insurance Details - Although all registered players (including In2 Cricket) are covered by sporting injury insurance taken out by the CricketACT, it is strongly recommended that all players be covered by private medical insurance as not all costs will be covered by the Association’s insurance policy. |
| Parent / Guardian Permission I/We give permission for the nominated players to play cricket for the Queanbeyan & District Junior Cricket Club and acknowledge the information and insurance requirements of this form.Registration fees totalling $………..accompany this form.Parent’s or Guardian’s signature:…………………………………… Date:……./….…./………. |
| Receipt No:………….…… Date Paid:……./….…./………. Amount: $……………….. Cash / Cheque |