

PLAYER'S NAME		
AGE AT 31/8/2025		DOB: / /
PARENT NAME(S)		
PARENT MOBILE PHONE(S)		
EMAIL ADDRESS		
PLAYER'S CLUB & GRADE LAST SEASON	(e.g. Ormond Under 12B)	
PLAYED ANY REP CRICKET?	If so, Details:	
Anything else relevant we should consider in relation to the application?		
Any relevant MEDICAL CONDITION we need to be aware of (e.g. Asthma, Allergies, Epilepsy, etc.)		

PARENT OR GUARDIAN CONSENT – INDEMNITY AND RELEASE

I agree to allow my child to participate in the 2025 Girls Cricket Academy and associated activities organised and/or supervised by Cricket HQ.

I acknowledge, agree and confirm the following:

- There are inherent risks associated with cricket training activities which may result in injury. I fully accept and agree to bear those risks on behalf of the player.
- To the full extent permitted by law, I agree to absolve, indemnify, release and discharge Cricket HQ, its officers, employees, representatives and agents ("indemnities") from any and all liability for any injury, loss, cost, charge, expense or damage suffered by me or the player, however caused, arising from or incurred directly or indirectly as a result of participation in the Victorian Junior Cricket Academy activities, including without limitation, as a result of any act, default, omission or negligence of the indemnities.
- Should my child require medical attention, I authorise the staff of Cricket HQ to arrange medical or hospital treatment (including ambulance transportation) if I am not available to do so and I indemnify Cricket HQ and its staff or coaches for all costs.
- I undertake not to send my child to any session if he/she is feeling unwell or has COVID symptoms.



I have read, understood, acknowledge and agree to all the matters referred to in the statement, including the warning, release and indemnity.

I agree to send my child _____ to the Girls Cricket Academy at Cricket HQ at 51-53 Levanswell Road, Moorabbin 3189.

Parent/Guardian Name: _____


Signature: _____ Date: _____/_____/2025

Consent to Disclosure Under Privacy Act


I hereby agree and consent to the provision of the personal information as set out in this form to Cricket HQ for use as is deemed necessary. I also give Cricket HQ permission to photograph and video my child during the coaching sessions for technical analysis plus use in future promotions.

Signature: _____ Date: ____/____/2025

COST

All Groups		\$ 650	Complete the Registration Form and return to cricket@cricket-hq.com.au Please wait to be notified of successful application before any transfer is made.
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PAYMENT DETAILS

Please select			
A <input type="checkbox"/>	Bank transfer	Bank Account: BSB: 033-047 Account Number: 150 111 Account Name: P.J. Camm & Associates Reference: VJCA (Name of Player) PLEASE DO NOT PAY UNTIL ADVISED OF ACCEPTANCE	\$650
B <input type="checkbox"/>	Cash		\$625
C <input type="checkbox"/>		Complete Details Below:	\$650

Please Charge My: ☐ VISA ☐ MASTERCARD ☐ AMEX

Card Number:

Expiry Date: /

Cardholder Name: _____

Signature: _____