

Marcellin Old Collegians Cricket Club: Junior Player Registration Form
<http://cricket.moca.asn.au> PO Box 259 Balwyn North VIC 3104

Your Name:			
Parent/Guardian Names:			
DOB:			
Address:			
Dads Mobile:		Mums Mobile:	
Your Mobile:		Home Phone:	
Email Addresses:			
Emergency Contact and contact number:			
Your School in 2008:			
Your School in 2009:			
Parents Occupation (Optional):			
Do you have any medical conditions we should know about?			
If so please provide details:			

Marcellin Old Collegians Cricket Club is run entirely by volunteers. Every family will be rostered for scoring & morning tea during games and assistance at training. The Internet provides us the most time efficient means of communication. By signing this form you agree to allow your child's name and or image to be published on our Club website

I consent to my child participating in the 2008-09 Marcellin Old Collegians Cricket Club (MOCCC) program or competitions. I acknowledge that cricket can be inherently dangerous and that serious accidents can happen, which may result in my child being injured.

Except to the extent that the Trade Practices Act 1974 (Cth) or other legislation applies, and cannot by contract be excluded, I agree, both on behalf of my child and in my own right, that it is a term of my child's participation that MOCCC is absolved and indemnified from all liability however arising from injury or damage however caused arising out of my child's participation in the

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2007-08 cricket season or in any way due to any negligent act, breach of duty, default and/or omission on the part of MOCCC.

I agree, both on behalf of my child and in my own right, to release and forever discharge the MOCCC from all claims (except those claims made and accepted under a relevant MOCCC insurance policy, to the extent of the cover provided under the policy – summary available upon request) that I or my child may have or may have had but for this release arising from or in connection with my child's participation in the MOCCC program or competitions.

I confirm that I am a parent or legal guardian of the child and that I am responsible for organising transportation of the child to and from cricket activities. I indemnify the MOCCC for all liability and costs associated with my failure to arrange for the prompt collection of my child after the completion of Cricket Victoria organised cricket activities.

I authorise MOCCC representatives to arrange medical or hospital treatment (including ambulance transportation) if I am not available to do so and I indemnify the MOCCC of all costs associated therewith.

Privacy Statement: MOCCC is committed to the protection of your personal information. Any personal information you provide to the MOCCC will be used for those purposes, which the information was gathered for as stated and related purposes which can be reasonably expected.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____

CLOTHING:

New players will receive a Club cap and shirt with their subscription. Playing Shirts are white ¾ sleeve “game dri” technical fabric with UVP Sun protection treatment with MOCCC Logo

ASSISTANCE:

Our Club exists because people volunteer their time to help coach and administer the club. If you are able to help in any of the following areas please indicate

Coaching	
Team Management	
Assistant Team Manager	
Social Functions	
Fund Raising	

FINANCIAL SECTION:

Junior Annual Subscription per child	\$110
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Payment: Cheque: Payable to Marcellin Old Collegians Cricket Club PO Box 259 Balwyn North VIC 3104 or cash with this form in an envelope handed to any committee member.