



PARTICIPANT REGISTRATION FORM



in2CRICKET.COM.AU

Original Copy (White) – send to State/Territory Cricket Association 2nd Copy (Yellow) – Centre 3rd Copy (Pink) – Participant *Compulsory Fields

Is this your child's (please tick) 1st time 2nd time 3rd time Other _____ participating in the program?

Has your postal address changed in the last 12 months? (this helps us to update your information) Yes No

Centre _____

PERSONAL INFORMATION (Please Print Clearly)

First Name* _____ Surname* _____

Email* _____
By entering your email address, you will receive regular MILO in2CRICKET updates.

Date of Birth* ____/____/____ Male* Female*

Postal Address* _____

Suburb* _____ State* ____ Postcode* _____

Phone (H)* _____ Mobile _____

Parent/Guardian (1)* _____

Parent / Guardian (2)* _____

Please tick which of the following activities are being participated in: * MILO in2CRICKET HAVE-A-GO MILO in2CRICKET HAVE-A-GAME OTHER

Current School* _____

Grade/Year Level* ____ School Suburb* _____ Postcode* _____

Is your child an Aboriginal or Torres Strait Islander? Yes No

Is your child from a culturally or linguistically diverse background? Yes No

Will your child play cricket in competitions (4 times or more) other than MILO in2CRICKET in the current season? * (please tick)

No Yes at school Yes at club Other _____

How did you find out about this Cricket Australia Program? * (please tick)

School Newsletter Poster / Flyer School Clinic conducted at your school Friend/Parent

Internet Word of Mouth Letter from Cricket Association Local Cricket Club

TV/Newspaper Played before Other

Does your child have any illness or allergy for which medication is required? Yes No

If yes, please specify _____

Does your child have a physical, intellectual or sensory disability? Yes No

If yes, is there anything the Centre Coordinator can do to assist their participation? _____

As a parent of a participant, are you interested in volunteering during the season? Yes No

PRIVACY STATEMENT

The health information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of minimising the risk of serious or imminent threat to the participant's life, health or safety. The sensitive information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of collating information for research, submissions to a government or planning cricket related activities. Where such sensitive information is collected it is de-identified. The use of other personal information contained in this form is collected by Cricket Australia and the participant's home State or Territory Cricket Association for the purpose of administering Cricket Australia Junior Participation Programs and to ensure that participants (and their parents and guardians) are kept informed of junior cricket initiatives, giveaways and competitions which Cricket Australia and State or Territory Cricket Associations conduct from time to time. Further information on Cricket Australia's Privacy Policy is available at www.cricket.com.au

INDEMNITY AND RELEASE DECLARATION

In consideration of allowing my child to participate in the Cricket Australia Junior Participation Program ("Program"), I undersigned (for myself, my heirs, executors and administrators) agree both on behalf of my child and in my own right, with Cricket Australia ("CA"), the State/Territory Cricket Association ("Association") and Nestle Australia Limited ("Nestle"):

- 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 the Program.
- I INDEMNIFY the Association, CA and Nestle for all liability and costs associated with my failure to arrange for the prompt collection of my child after the designated finish time of the program.
- I ACKNOWLEDGE that there are inherent dangers associated with the Program which may result in my child being injured.
- TO THE FULL EXTENT PERMITTED BY LAW, I agree both on behalf of my child and in my own right, to absolve, indemnify and keep indemnified CA, the Association, and Nestle and their directors, officers, employees, volunteers, sponsors and agents involved in the Program against all costs, losses or damages however caused arising from or in relation to my child's participation in the Program.
- TO THE FULL EXTENT PERMITTED BY LAW, I agree both on behalf of my child and in my own right, to waive, release and forever discharge CA, the Association, Nestle and their directors, officers, employees, volunteers, sponsors and agents involved in the Program from all claims and/or causes of action that I or my child have or may have (including for negligence) arising from any injury, loss or damage of any kind suffered by my child including personal injury, illness or death and/or loss or damage to any property (in so far as this does not breach the provisions of the Trade Practices Act) arising either directly or indirectly out of my child's participation in the Program.
- I AUTHORISE registered Program Coordinators to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and I INDEMNIFY the Association, CA and Nestle for all costs associated therewith.

I hereby acknowledge that I have read, understood and agree to both the Privacy Statement and the Indemnity and Release Declaration.

Name _____ Signed _____ Date _____

GROUP USE ONLY

Date Fee Paid: _____ Cash/Cheque: \$ _____

Participant Pack received