

NORTH METRO CRICKET ASSOCIATION INC.

Players Registration / Permit To Play Form

SENIOR - VETERAN - CLUB

Club _____

Registration No. _____

Players Surname _____	Given Names _____
Date Of Birth _____ / _____ / _____	
Address _____	Postcode _____
Home Phone _____	Mobile Phone _____
Email Address _____	

I have played with the following Clubs during the past three seasons:

CLUB	CONTROLLING ASSOCIATION	SEASON

Have you ever played in this Cricket Association before? Yes / No

If yes, what Club and what year. _____

I hereby acknowledge that I have received a copy of the Rules and Bylaws of the North Metro Cricket Association, and will abide by the Rules and Bylaws of the North Metro Cricket Association

Players Signature _____ Date _____ / _____ / _____

Parents Consent for Under Age Players To Play Senior Cricket _____

I hereby certify that I have provided a copy of the North Metro Cricket Association Inc. Rules and Bylaws to the player and acknowledge that the Club will ensure the player will abide by the Rules and Bylaws accordingly.

Club Officials Name/Position _____ Date _____ / _____ / _____

Club Officials Signature _____ Date _____ / _____ / _____

Privacy Statement.

The North Metro Cricket Association Inc. requires the information requested in this form for use in relation to its cricket programs. Any personal information provided will only be used in accordance with the objects and purposes of the North Metro Cricket Association Inc., which includes general business and development programs. If the requested information is not provided you may not be able to receive the benefits of registration in the cricket program. Individuals will be able to access their personal information through the North Metro Cricket Association Inc. upon reasonable notice.

- SURNAME