



**CRICKET NSW**  
AUSTRALIA'S FUTURE HEROES

# CricHit Participant Registration Form



To register for CricHit...

1. go to [www.playcricket.com](http://www.playcricket.com) to find your closest CricHit
2. Fill in this form & hand it to the CricHit coordinator with money

CricHit Centre

## PERSONAL INFORMATION (Please Print Clearly)

<input type="checkbox"/>	Given Name											
<input type="checkbox"/>	Surname											
<input type="checkbox"/>	Email											
<input type="checkbox"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	Address											
<input type="checkbox"/>	Suburb								<input type="checkbox"/>	Postcode		
<input type="checkbox"/>	Home Phone					<input type="checkbox"/>	Mobile					
<input type="checkbox"/>	Parent / Guardian (1)					<input type="checkbox"/>	Phone					
<input type="checkbox"/>	Current School											
<input type="checkbox"/>	School Suburb								<input type="checkbox"/>	Grade / Year level		

How did you find out about CricHit (please tick)

- |   |  |  |                                     |
|---|--|--|-------------------------------------|
| <input type="radio"/> School Newsletter | <input type="radio"/> Poster / Flyer     | <input type="radio"/> School Clinic conducted at your School | <input type="radio"/> Newspaper     |
| <input type="radio"/> Friend/Parent     | <input type="radio"/> Internet           | <input type="radio"/> Letter from Cricket Association        | <input type="radio"/> Played before |
| <input type="radio"/> Word of mouth     | <input type="radio"/> Local cricket club | <input type="radio"/> Other _____                            |                                     |

How many years has your child been involved in a Cricket Program (please tick) (including in2cricket, Have a go, School, club etc)

- 1st year       2nd year       3rd year       Other \_\_\_\_\_

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

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

Does your child suffer from any illness / allergy / disability? If yes, please describe

\_\_\_\_\_

The health information contained in this form is collected by CricketNSW 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 CricketNSW 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 CricketNSW for the purpose of administering CricketNSW Junior Participation Programs and to ensure that participants (and their parents and guardians) are kept informed of junior cricket initiatives, giveaways and competitions which CricketNSW conduct from time to time. Further information on CricketNSW Privacy Policy is available at [www.cricketnsw.com](http://www.cricketnsw.com)

## INDEMNITY AND RELEASE

In allowing my child to participate in CricketNSW Junior Development Program ('Program'):

- 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** CricketNSW 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 the child being injured.
- To the extent permitted by law, I agree both on behalf of the child and in my own right to **ABSOLVE AND INDEMNIFY** CricketNSW from any and all liability for injury, loss or damage however caused arising out of the child's participation in the Program.

- I agree both on behalf of my child and in my own right to **RELEASE AND FOREVER DISCHARGE** CricketNSW from all claims that I or the child may have or may have had but for this release arising from the 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 **INDEMNIFY** CricketNSW for all costs associated therewith.
- **PRIVACY STATEMENT:** Photographs may be taken of the activities involved with CricHit. Cricket NSW reserves the right to use these photographs for publications and promotion of cricket.  
Please tick to opt out of the privacy clause

I have read the above, and consent to my child's participation on this basis

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

**COORDINATOR USE ONLY**

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

NAME \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_