

## Application Form

Name:	
Street:	
Suburb:	Post Code:
Home Phone:	Mobile:
Email:	DOB:
School (in 2009):	Year Level (in 2009):
Current Team(s):	
Payment: Cash / Cheque (please circle)	

## Medical Information

Allergies: Y / N –
Asthma: Y / N –
Bee Sting: Y / N –
Other:

Whilst every care is taken, the Tea Tree Gully District Cricket Club (TTGDCC), its staff and anyone connected with the TTGDCC School Holiday Coaching Clinic, cannot be held responsible for any death, personal injury, loss or theft of property. It is understood that my child's health insurance is my responsibility. Should it be necessary for my child to have emergency medical or dental treatment whilst attending the clinic, and I cannot be contacted, permission is given to the coach or coordinator to use their judgement in obtaining the most appropriate treatment required, including medical attention, general anaesthetic and blood transfusion if necessary, at any expense and to notify me as soon as possible.

### **I have read and understand the above:**

Parent/Guardian Name:
Signature:
Date:

I consent to: ..... attending the TTGDCC School Holiday Coaching Clinic on Tuesday 19<sup>th</sup> and Wednesday 20<sup>th</sup> January 2010.

## Emergency Contact Information

Emergency Contact Name:
Telephone Number:

**To register, simply fill out this form and lodge with payment (make all cheques payable to Tea Tree Gully District Cricket Club) to;**

<b>South Australian Cricket Association c/o Michael Case Adelaide Oval North Adelaide SA 5006</b>
---

**No later than Friday January 15<sup>th</sup> 2010**