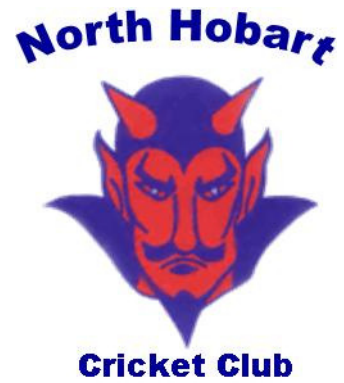




Huon Valley Cricket Clinic



Registration Form

Name: _____

Date of Birth: _____

Parents email: _____

Parents phone: _____

Alternate Phone in case of emergency: _____

Any allergy or dietary requirements?: _____

Any medical ailments/conditions?: _____

Are you happy for videos and photos to be taken on the day?: _____

Do you currently play cricket? _____

If Yes, which club? _____

If No, would you be interested in participating in this season or beyond? _____

Please note that whilst every precaution will be taking, children will participate at their own risk. Coaching panel may be subject to change due to commitments. We recommend children bringing their own drink bottle.

Please forward completed form to marcus@northhuoncc.com

Signed: _____

Parent/Guardian Name: _____