



Registration Form

Membership Membership				
Please select one of the following:				
	Wests+Plus Cricket Academy Girls Holiday Camp	\$250		
	Player Contact Details			
Name:				
Phone:				
Email:				
Player	r Age/School Year			
	Key Skills to be Developed			
	Batting			
	Fast Bowling			
	Spin Bowling			
	Wicket Keeping			
	Parent Details (if under 18)			
Name:				
Phone:				
Email:				
Payment Details Pay Registration:				
https://www.eventbrite.com.au/e/wests-girls-holiday-cricket-camp-tickets-231351908787				
Confirmation of Registration				
To confirm your registration and payment, please tick the boxes below, save and return this form by email to naiyav@icloud.com .				
	Registration			
	Payment			



Wests+ Plus Cricket Academy Medical Consent Form

Consent to Medical Treatment

The following information and consent is requested to ensure the health and well-being of all children participating in Wests+ Plus Cricket Academy activities. The information contained in this form is confidential and will only be used to safeguard and promote the child/ health and well-being should the need arise.

Name of child:
Date of Birth:
Name of GP:
GP Address:
GP Surgery Telephone:
Please provide details of any pre-existing medical conditions that may affect the child/vulnerable adult's participation in the activity/event programme:
Details of medication or treatment required:
Details of any existing injuries (include when injury occurred and treatment received):
Details of any allergies, including allergies to medication:
Parent/Guardian/Legal Carer
I, (name of parent/guardian/legal carer) consent to (name of child/vulnerable adult) receiving medical treatment,
including anaesthetic, which the medical authorities present consider necessary.
I undertake to inform Wests+ Plus Cricket Academy should any of the information contained in this form change
Signature:
Name:
Relationship to child/vulnerable adult:



Wests+ Plus Cricket Cricket Academy Consent Form

Use of photographs, film or video recordings of children or vulnerable adults.

Wests+ Plus Cricket Academy is committed to the protection of children involved in sport.

In accordance with its Child and Vulnerable Adults Protection Policy and procedures where possible we will not permit photographs, film or video or other images of children or other vulnerable adults to be taken or used without the consent of the child and their parent/guardian or carers.

Wests+ Plus Cricket Academy will take all reasonable measures to ensure these images and used solely for the purposes for which they are intended. If you become aware these images are being used inappropriately you should inform Wests+ Plus Cricket Academy Child Protection Officer immediately.

Wests+ Plus Cricket Academy reserve the right at all times to prohibit the use of photography, film or video at any activity with which it is associated.

Child		
l,	(child) consent to photographing, filmin	g or videoing
my involvement in Wests+ Plus Cricket Ac	ademy activities and for promotional requirer	ments.
Signature:		
Name:		
Date:		
Parent/Guardian/Carer		
ι,	(parent/guardian/carer) consent Wests	+ Plus Cricket
Academy photographing, filming or video involvement in Wests+ Plus Cricket Acade	oing emy activities and promotional requirements	_(child name)
Signature:		
Name:		
Relationship to child/vulnerable adult:		
D. L.		