## **RINGWOOD and DISTRICT CRICKET ASSOCIATION** INC. (NO 116A)

**President: Steve Pascoe** 

Manager Administration: Ian Spencer 17 Cambridge Close Croydon Hills 3136 Tel/Fax: 9876 7206 Email: spencer@rdca.asn.au

## REPRESENTATIVE TEAMS SEASON 2 /

## **PLAYER INFORMATION & CONSENT FORM**

Surname: Given Name/s	S:
Address:	
	Post Code:
Telephone (h):	
Telephone (w):	
Mobile:	
Email:	
Prior & Current Major Illness / Injuries / Medical Conditio	ons / Allergies & Medication Requirements:
angerous and that serious accidents can happen, which ma	gram and Competitions. I acknowledge that cricket can be inherently ay result in my child being injured.
agree that it is a term of my participation that the RDCA injury or damage however caused arising out of my participation.	h) or other legislation applies, and cannot by contract be excluded, I is absolved and indemnified from all liability however arising from cipation in the Representative Program and Competitions or in any or omission on the part of Ringwood and District Cricket Association
RDCA insurance policy, to the extent of the cover provid	all claims (except those claims made and accepted under a relevant ded under the policy – summary available upon request) that I may r in connection with my participation in the RDCA Representative
I authorise RDCA representatives to arrange medical or ho available to do so and I indemnify the RDCA of all costs a	ospital treatment (including ambulance transportation) if I am not ssociated therewith.
	tion of your personal information. Any personal information you ch the information was gathered for as stated and related purposes
I have read, understood, acknowledge and agree to the abo	we declaration including the warning, release and indemnity.
Name:	_
Signature:	Date: / /