



APPLICATION FOR MEMBERSHIP
BALMAIN & Inner SYDNEY TIGERS
CRICKET CLUB INC.

PO Box 1725 ROZELLE 2039
www.balmaincricket.com.au

SENIORS FORM

Season:.....

First Name: _____ Surname: _____

Team last year _____ (If you are in last year of school DOB) _____

Past Experience:

Preferences: _____

Home Address: _____ Suburb _____ Postcode _____

Phone No: _____ Mobile: _____

Email: _____

Comments: If there is any situation the coach or manager or Administration should be aware of?

Volunteer assistance: This Club has been successful due to the wonderful commitment of volunteers. Please indicate in what way you can assist the Club. What you think you can help with:

- 1. Team Coach 2. Team Manger 3. Scoring games 4. Umpiring games 5. Kit supervisor
6. Club publicity/newsletter 7. Committee / Management 8. Junior Gala Day Other: Please Specify below

Disclaimer: I understand that the team coaches and managers, club officials and others helping them all act on a voluntary basis. I agree that when taking part in activities conducted by the Balmain and District Junior Cricket Club, that the person/s signed herein do so entirely and absolutely at their own risk. I declare that I will not make any claim against the club or the team coaches, managers or officials of the club or others helping them. Furthermore, I bind myself to indemnify the club of such above mentioned persons (either individually, jointly or severally) against any claim which may be made against them by any person arising out of any act or default on my part during any activities conducted by the club. Information supplied will be used for BISTCC & Cricket NSW purposes only. This information will not be used for marketing purposes or passed on to any Third parties without your consent. The use of digital photos, on the club's website, of Players, Coaches an Managers, are for the purpose of information and recognition only and are not for marketing purposes and distribution to any Third parties. No addresses or phone numbers are available on the website to Third Parties by way of electronic or digital distribution and are not used for marketing purposes.

Print Name

Signature

Date

AMOUNT PAID:

Cap Received Y N

RECEIPT NUMBER:

Shirt Received Y N

CASH/ CHEQUE NO:

Size