

UNITED CRICKET CLUB



ALTIUS



nited

cape town
MARKET

INDEMNITY FORM

I understand and acknowledge that my child's participation in the sport is only accepted on the condition that the Altius United Cricket Club (AUCC) accepts no responsibility or liability from the dangers inherent **in the sport**.

All members participate in the sport at their own risk

In consideration for my child's involvement in the sport I indemnify UCC against all losses, claims and damage that may result from my child's participation, and from any claim or future claim that my child may bring.

I give UCC permission to obtain medical assistance and treatment as required. I indemnify UCC against claims that may be made for costs incurred for any medical services provided for my child.

Child's Name: _____

Parent /Guardian Signature: _____

Date: _____

During the course of the cricket season, your child may be photographed during a game or club event either individually or as part of a larger group. That photograph may then be published, with identifying information, in a club newsletter or other publication, or on the UCC web site. Your child's name and statistics for each game may also be published within the UCC results database on their website.

I / **We** understand the above information and **give** ☐ / **refuse** ☐ (please tick ☒) consent for any photograph and/or details of _____ to be published in any of the formats described above.

Parent / Guardian Signature: _____

Date: _____

President: S. Martin; Vice President: Mr. G. Abrahams;

Secretary: Dr. N. Abrahams; Treasurer: M. Emeran; M&R Secretary: A. Abrahams

United.cricket@hotmail.com

Registration Form Year 20____

Application for Membership

Member Personal details:

First Name: _____ Surname: _____

Date of Birth _____ Age: _____ Team: _____

Address: _____

Tel Contact: Home: _____ Cell: _____

School Attending: _____ Grade: _____

Address: _____

Medical Condition (if Any) Please specify; allergies etc: _____

Parental/Guardian details:

Name of Father: _____

Tel Contact: Home: _____ Work: _____ Cell: _____

Email Address: _____

Address: _____

Name of Mother: _____

Tel Contact: Home: _____ Work: _____ Cell: _____

Email Address: _____

Address: _____

Contact details of other relative:

Name: _____ Surname: _____

Address: _____

Tel Contact: Home: _____ Work: _____ Cell: _____

Signatures

I authorized the verification of the information provided on this form as true and correct. I have received a copy of this application.

Signature of Junior Convenor: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____