



Toronto & District Cricket Association

Rep Team REGISTRATION FORM

Each cricketer participating in T&DCA Rep Team program must complete and submit this form.

Player Information

Name:			
Address:			
City:		Postal Code:	
Home Phone #:		Cell Phone #:	
Email address:			
DOB:	mm-dd-yy	Div (U18/U15):	
Health Card #:			
Doctor's Name:			
Phone #:			
Signature:			
Skills	Batsman [] Bowler [spin, fast] Wicketkeeper []		

Club Contact Information

Club:			
Contact Name:			
Position:			
Email:			
Home Phone #:	()	Bus. Phone #:	()

Guardian/Parent & Coach Consent

I/WE THE PARENT/GAUADIAN OF THE ABOVE NAMED PLAYER, HEREBY GIVE OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL TORONTO & DISTRICT CRICKET ASSOCIATION PROGRAMS THAT HE/SHE IS SELECTED FOR. WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM ACTIVITIES. WE DO FURTHER RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE ABOVE ASSOCIATION, THE ORGANIZERS, AND SUPERVISORS APPOINTED BY THEM. WE LIKEWISE RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING OUR CHILD TO AND FROM THE ACTIVITIES.

Parent/Guardian Name

Signature

Date

Coach Name

Signature

Date