



East Malvern Cricket Club Inc



Season 2008 / 2009

Junior Membership Application

(One form per child)

Personal Details

Last Name _____

First Name(s) _____

Date of Birth _____ Age at 1 September 2008 _____

(Copy of birth certificate or passport required if 1st year of registration with this club)

Address _____

Suburb _____ Postcode _____

Tel (home) _____ Tel (mob) _____

Email Address _____

Resident of Stonnington? YES / NO (please circle – required for EMCC records only)

Annual Subscriptions

Day of Preference (1 for 1st choice, 2 for 2nd Choice)

| Team | Friday | Saturday | Sunday | Annual Subscription | Amount Enclosed |
|-------------------|--------|----------|--------|---------------------|-----------------|
| Under 17 | | | | \$115.00 | |
| Under 15 | | | | \$115.00 | |
| Under 13 | | | | \$100.00 | |
| Under 11 | | | | \$100.00 | |
| Under 9 | n/a | n/a | | \$65.00 | |
| Milo Have-A-Go | n/a | | n/a | \$55.00 | |
| Family Membership | n/a | n/a | n/a | \$30.00 | |
| Social Membership | n/a | n/a | n/a | \$50.00 | |

Age Calculation: Born after 31/08/91 U17; 31/08/93 U15; 31/08/95 U13; 31/08/97 U11.

Parents / Guardians

Parent's Name _____ Mobile _____

Parent's Name _____ Mobile _____

Emergency Contact _____

Emergency Phone No. _____ Relationship to child _____

Medical

Is there any medical condition, allergies or any other information the cricket club should be aware of?

YES / NO (please circle – required for EMCC records only)

If YES please give details: _____

Please indicate which players your child would like to play cricket with during the season or any other relevant information: _____

Code of Conduct

I will support my child’s membership of the East Malvern Cricket Club, regularly attending games as a spectator and be willing to help on a roster for match days and be part of the social activities of the club. We will abide by the club’s code of ethical conduct and good behavior so that everyone enjoys cricket on and off the field. In the event of an accident or injury all medical costs will be the responsibility of the child’s parent/guardian.

Signed _____ Date _____

Relationship _____

Please return this form to:

Electronic Copy: (Preferred with EFT payment)

Hard Copy: (With cheque)

Email: treasurer@eastmalverncricketclub.org.au

Address: East Malvern Cricket Club

Bnak: Bendigo Bank (Waverley Road Branch)

P O Box 45

BSB: 633 108

DARLING SOUTH VIC 3145

Account #: 1287 74569

Cheque Cash

EFT date: _____ (date of transfer)

When making EFT payment please include “age group + your child’s full name” in the transaction field (eg U17 John Smith).

OFFICIAL USE ONLY (Circle appropriate option)
Payment EFT Cash Cheque
Proof of Age: YES NO

Assistance I would like to offer my assistance with one of the following tasks:

- Team Manager Practice Assistant Team Results Recorder
- Umpiring Scoring

PLEASE ENSURE FORM IS RETURNED TOGETHER WITH DOCUMENTATION PRIOR TO 6 SEPTEMBER 2008