



MONASH UNIVERSITY GRYPHONS CRICKET CLUB

www.gryphons.org.au

ABN 65 471 159 518

SPORTING CLUB MEMBERSHIP FORM SEASON 2009/10

Name: _____ DOB: ____/____/____

Address: _____

Postcode: _____ Phone #: _____

Email Address: _____

In case of emergency contact

Name: _____ Relationship: _____

Address: _____

Postcode: _____ Phone #: _____

Preferred Role within Team

- Batsmen
- Bowler
- All Rounder
- Keeper

Cricket Experience

Previous Experience

Medical Details – Do you suffer from any of the following? If yes, please tick.

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Allergies – Please specify _____ | |
| <input type="checkbox"/> Other – Please specify _____ | |

Declaration of Indemnity

I, _____ do hereby apply for membership of

Monash University Gryphons Cricket Club

I hereby declare that I will indemnify the Club, its committee members and officers of the Student Union in respect of any liability for claims, demands, actions or proceedings whatsoever made or taken against them or any of them arising out of loss or damage to property or personal injury as a consequence of my acts or omissions whilst a member of the club or Student Union (Note: 'the Club' which is affiliated with Monash University Student Union Incorporated 'the Student Union')

Signature: _____ Date: _____

If you are under the age of 18, please have a parent or guardian sign this form.



MONASH Sport