



**4 ELCAR LANE
JOONDALUP 6027
Phone 9300 1600
Fax 9300 0822**

BOUNCER BASHERS

Term 3 2018

**8 -week junior cricket program
July 24TH – September 11TH**

**LITTLE Bouncer Bashers
NOMINATION FORM - INDIVIDUAL**

CHILDS NAME:

CHILD'S AGE:..... D.O.B

EMAIL ADDRESS:.....

PARENTS NAME:

ADDRESS:.....PC.....

TELEPHONE: (Home) (Work)

ALTERNATIVE CONTACT:

ALTERNATIVE PHONE: (Home) (Work)

TUESDAY AFTERNOONS 4PM

**TEAMS PLEASE READ THE FOLLOWING INFORMATION
AND SIGN YOUR ACKNOWLEDGMENT**

1. Fees cover the umpire payment, equipment and administration costs for the competition and are to be paid prior to the commencement of the season.
2. I/We agree that monies paid are non-refundable after the second week of the season i.e.
3. Players play at their own risk and are responsible for their own insurance. Bouncer Sports Centre accepts no liability for any injury sustained whilst playing sport on or within the confines of the centre playing areas.
4. We agree to abide by the rules, regulations and by-laws as set forth by the owners and managers of Bouncer Sports Centre.
5. I/We agree to pay all forfeit fees as determined by Bouncer Sports Centre.

8-week program \$60

Parents sign.....

Date.....

Payment of \$..... has been paid: **Taken By** (Bouncer Staff Member).....

Payment Type: cash / EFT / cheque/:

Card No: ____ / ____ / ____ / ____

Sign (Card Holder).....

Exp Date: __ / __