



East Torrens District Cricket Club Inc.

A8N 42 91A740 917
Campbelltown Memorial Oval

'W' Good Sports Club
GOOD SPORTS



Player Information Form

Season: _____

Grade: _____

It is important that the Club has current contact information for all its players and representatives to keep players informed of any game day changes and relevant Club information. This form is to be completed every year prior to season commencement to enable the Club to have the correct information recorded.

Player Details

Name _____ Date of Birth ____________

Home Phone _____ Player Mobile _____

Home Address _____

Email _____

Parent/Guardian Details (if player is under 18)

First Name _____ Surname _____

Relation to the player _____ Mobile _____

Home Address _____

Email _____

Emergency Contacts

In case of an emergency, we require **two** contacts if we are unable to contact the parent above.

Contact 1:

Name _____ Mobile _____

Relation to the player _____ Home Phone _____

Email _____

Contact 2:

Name _____ Mobile _____

Relation to the player _____ Home Phone _____

Email _____



East Torrens District Cricket Club Inc.

A8N 42 91A740 917
Campbelltown Memorial Oval

'W'  Good Sports Club
GOOD SPORTS



Other Information

It is important we have an understanding of players needs and abilities, please complete the following.

Does the player:		(Please circle)
Identify as Aboriginal or Torres Strait Islander	Yes	No
Have a disability	Yes	No
Have a medical condition	Yes	No

If you answered Yes to any of these questions please provide details below:

Drop off / Pick up arrangements

If the player **will not** be dropped off/picked up by a parent/guardian to/from training, please provide details below of the alternative travel arrangements.

Signature / Date

Signature _____

Date _____