

MICHAEL CLARKE CRICKET ACADEMY

IMPORTANT INFORMATION

Name: _____

Medicare Number: _____ Emergency Contact Name: _____

Private Health Insurance Number: _____ Emergency Contact Phone Number: _____

Private Health Insurance Provider: _____ Relationship: _____

☐ **Interstate Travellers:** Please tick if you require transport to the Airport on Friday evening

☐ **Fast Bowlers:** Please tick here if you are a fast bowler, to allow us to schedule you a physio assessment

DIETARY REQUIREMENTS Please list any special food or religious requirements you might have:

ALLERGIES & MEDICAL CONDITIONS Please list any food, medical or other allergies you might have:

OTHER REQUIREMENTS Please list anything that is not listed above, that you think is important to us for our planning:

ACCEPTANCE (Cross out any items you do not give permission for)

I give my child, _____ permission to partake in all Michael Clarke Cricket Academy camp activities, including transport to external venues such as the SCG and Bondi Beach. I give my child permission to swim at Bondi Beach.

I give the Michael Clarke Cricket Academy permission to seek medical attention in case of emergency.

I give permission for my child to be filmed or photographed for marketing, publicity or broadcast purposes.

CHILD

Name: _____

Signature: _____

Date: _____

PARENT/GUARDIAN (MUST BE OVER 18)

Name: _____

Signature: _____

Date: _____

PLEASE SCAN AND RETURN THIS FORM TO JIM@MICHAELCLARKEACADEMY.COM



MICHAEL CLARKE CRICKET ACADEMY
40 LIME STREET SYDNEY NSW 2000 AUSTRALIA

MICHAELCLARKEACADEMY.COM

