

MICHAEL CLARKE CRICKET ACADEMY
OFF-SEASON PROGRAM

IMPORTANT INFORMATION

Name: _____

Emergency Contact Name: _____

Medicare Number: _____

Emergency Contact Phone Number: _____

Private Health Insurance Number: _____

Relationship: _____

Private Health Insurance Provider: _____

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. 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 [INFO@MICHAELCLARKEACADEMY.COM](mailto:info@michaelclarkeacademy.com)



MICHAEL CLARKE CRICKET ACADEMY
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MICHAELCLARKEACADEMY.COM

