



CRICKET CANADA

www.canadiancricket.org

NCA Junior Coaching Program: Registration Form

Registration Type (please check)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Returning
Date of Birth	Year:	Month:	Day:
First Name			
Last Name			
Address	Apt No.:	Street:	
City / Postal Code	City:	Postal Code:	
Telephone	()		
E-mail Address			
Emergency Contact	Relationship:		
Emergency Telephone	()		

Session (please check)	<input type="checkbox"/> May-July	<input type="checkbox"/> July-September
Location (please check)	<input type="checkbox"/> Toronto East	<input type="checkbox"/> Toronto West

Previous Cricket Experience	
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Please make cheques payable in the amount of \$300 + GST to "Cricket Canada"
Mail Cheques to Manager NCA, Suite B10-10 Marks Court, Ajax, ON, L1T 3N3

Guardian/Parent Consent

I/WE THE PARENT/GAUADIAN OF THE ABOVE NAMED JUNIOR/PLAYER, HEREBY GIVE OUR APPROVAL TO HIS/HER PARTICIPATION IN THE NCA CRICKET PROGRAM THAT HE/SHE IS REGISTERED FOR. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND DRILLS FROM SUCH ACTIVITIES. I/WE DO FURTHER RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE ABOVE ASSOCIATION, THE ORGANIZERS, AND SUPERVISORS, COACHING STAFF, APPOINTED BY THEM.

Parents/Guardian Name _____

Signature _____

Date _____

For Office use only:

Program Start Date	Year:	Month:	Day:
Program Start Date	Year:	Month:	Day:
Payment Received	\$	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash
Received by	Deposit Date:		

Fax completed form to:
905-686-4549

For more information contact:
Musa Patel
416-825-5139

Philip Navaratne
905-686-1655