

PLAYER REGISTRATION FORM 4 April 2017 Bradman Oval, Bowral

Team Name:					
Agency (please circle):	Police	FRNSW	SES	AMBULANCE	RFS
Name:					
Address:				Po	est code:
Email:					
Employee registration number	er:				
Phone - Home:	Mobile:				
Shirt size (please circle):	L XL	XXL XX	(XL 4	XL 5XL	
Emergency Contact - Name:				Re	elationship:
Address:					
Phone - Home:				Mobile:	
Are you registered with a Crid	ket Club	in NSW?	(please	circle): Ye	es / No
If yes, what is the name of the	cluh?				

General agreement as to conditions of entry and participation:

- 1. I understand that the tournament is a charity event and all monies raised are to be forwarded <u>on behalf of the Triple Zero Challenge</u> to the **Bradman Foundation**, St. Judes Street, Bowral 2576, on behalf of the nominated charity, Southern Highlands Suicide Prevention Program.
- 2. I agree to pay the amount of **\$85 by 31.3.2017**. That includes ground fees for Bradman Oval, a commemorative t-shirt; refreshment, match balls, umpires and a hot lunch will be provided for players.
- 3. Entry is open to employees of Emergency Services only. This includes employees of the NSW Ambulance, Fire & Rescue NSW, NSW State Emergency Service, NSW Rural Fire Service, or the NSW Police Force.
- 4. I understand that even though I am identified as an employee of one of the Emergency Services listed above, I state that my participation in the tournament is in my own time and not that of my employer and that, accordingly:
 - a. I will <u>not</u> be covered, in any way, by my employer's workers compensation coverage, should I sustain any injury during the tournament, and;
 - b. it is my responsibility to take out the relevant insurance, with an insurance company of my choice, which will cover me for any loss that I may incur, arising from any injury sustained during the tournament, such as x-rays, medical bills and any loss of income due to any absence from work, which is not covered by my sick leave credits available through my place of employment.
 - c. I indemnify The Bradman Foundation and all Authorised Parties from and against any and all risks, liability and costs associated with my failure to promptly depart from the designated finish time of the Event(s);
 - d. I acknowledge that there is an inherent risk of personal injury in physical activities that may be undertaken as part of the Event(s), and that I am undertaking the activities at my own risk;
 - e. I agree, to the fullest extent permitted by law, to waive, release, indemnify and forever discharge The Bradman Foundation and all Authorised Parties (as well as their Directors, employees, sponsors, volunteers, agents and representatives) from and against any and all claims and/or loss and/or cause of action arising from any injury, death, loss or damage of any kind suffered by myself or any third party (in so far as this does not breach the Trade Practices Act) arising directly or indirectly from my involvement or participation in the Event and/or resulting from any services provided by The Bradman Foundation.



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- 5. Discrimination, lewd, racial or offensive sledging, remarks or comments will not be tolerated or accepted. I acknowledge that if I exhibit this behaviour, I may be asked to leave, with disciplinary action probable at my workplace.
- 6. Given that my behaviour will be exhibited to the general public and the media, I will act appropriately and in accordance with the code of conduct established by my employer in respect of an employee's behaviour in public, while off duty.
- 7. As part of my fundraising commitment, I will endeavour to sell raffle tickets specifically produced by the Bradman Foundation for this charity event, provided I am not prevented by my employer's applicable code of conduct.

Medical treatment:

In an emergency, if it is not reasonably practicable to obtain my authority in the circumstances, I hereby authorise The Bradman Foundation and/or its staff and/or agents to arrange for me to receive such medical and/ or surgical treatment and/or medical transport as may be deemed reasonably necessary in the circumstances. I hereby indemnify and hold harmless The Bradman Foundation for all costs associated therewith.

I hereby acknowledge and agree that I have read, understood and agreed, to the above terms and conditions of participation in the Event(s).

I have read these conditions, for the Triple Zero Challenge Cricket and I sign my name in acceptance of them, and confirming that the information provided by me in this Form is true and correct.						
(Signed):	Print Name:	(Date):				
Payment method (please circle): Direct Deposit / Cheque / Cash						
1. Cash: To Bradman Foundation (Triple Zero) . 2. Direct Deposit: (Triple Zero Challenge) BDCU-BSB:802 101 A/C: 100064097 Reference: (Your name) 3. Cheque: To: Bradman Foundation (Triple Zero) Address: Bradman Foundation PO Box 999, Bowral NSW 2576						
IMPORTANT: PLEASE SUBI	MIT THIS FORM TO YOUR TEAM MANAGER.					

PLAYERS ARE NOT PERMITTED TO PLAY UNLESS THIS FORM IS SIGNED.