Dear Parent/Guardian

Gympie Junior Cricket is providing Year 5, 6 and 7 school students an opportunity to play cricket on a Friday afternoon after school at the One Mile Ovals at the end of this term. It will give the boys and girls an opportunity to try the game of cricket in a modified format.

Game Format: 10 overs per side with every player bowling an over and with each pair of batsmen batting for two overs. Games will take 1 ½ hours for everyone to get a bat and bowl.

Who: Girls and Boys in Year 5, 6 and 7 who would like to try cricket for three weeks.

Times: Arrive at 3:45. Games Commence at 4:00pm. Finish 5:30pm

Dates: Friday 6th, 13th and 20 September

Where: One Mile Ovals

Cost: There is no cost to the players or parents

Clothing to be worn: Afternoon clothing [school uniform, sports clothing] Sandshoes / trainers must be worn for the game.

Food: There will be a weekly sausage sizzle at no cost to children playing and at a small cost to spectators. A canteen selling drinks will be operating.

Equipment: All equipment to be supplied. Some children will use their own gear.

How to Register: Arrive on the first afternoon with your Form and enjoy yourself.

There is a brief Emergency Contact Form on the back of this flyer which players should bring on the first day. This is to allow us to contact parents if needed.

Kind Regards

Glyn Brook

Gympie Junior Cricket President
MEDICAL FORM
(Please Print)

Emergency Contact: Name:

Phone ____________________________

Mobile ____________________________

2. Date of last anti-tetanus injection ____________________________________________

3. My son/daughter is known to be allergic to ______________________________________

4. My son/daughter suffers from Asthma Yes/No Medication available ______________

5. My son/daughter is currently taking medication Yes/No Details

6. Is your son/daughter suffering from an injury or condition which is likely to be aggravated by playing cricket? Yes/No If so, please give details

7. Any other relevant medical history

8. Medical Insurance details Yes/No Details
   (a) Additional Health Insurance Company and Membership Number

   (b) Personal Accident Insurance cover against accident/injury for competitions and associated activities (training, travel etc)?
   Yes/No Details _______________________________________________________________

9. Medicare
   (a) Is your son/daughter issued with his/her own Medicare card? Yes/No
   (b) If ‘No’ please state Medicare Card Holder’s name (This is the first name on the card)

   (c) State your son/daughter’s or family Medicare Membership Number

   I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter

   __________________________________________ (son/daughter full name) may require in the event of an accident or illness and guarantee to meet any costs incurred. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed ____________________________ Parent/Guardian ______________ Date ___________