



Croquet SA

CROQUET SA PLAYER REGISTRATION FORM

Title..... Surname.....

Given Names.....

Address

Suburb Postcode.....

Telephone (home)..... (work).....

(mobile)..... email

Club at which you seek membership.....

Have you played croquet before?

If so, where and when?.....

Handicap AC.....GC

Which type of croquet do you play? (Association, Golf, Aussie or Other, please specify as many categories as applicable).....

Age Category (please circle)..... **J = Junior (under 18 yrs as at 1st July in year of registration)**

19-45 yrs

Date of Birth If Junior **46-60 yrs**

61-75 yrs

76 yrs+

I hereby confirm that I have read and agree to abide by the policies of Croquet SA:

Harassment Free Sport Policy

ACA Member Protection Policy incorporating Child Protection policy

Anti-Doping Policy

These policies can be viewed on the Croquet SA website www.croquetsa.com.au

Please add me to Croquet SA email list to receive event information Yes/No

I give permission for the above information to be forwarded to the State and National Croquet Associations.

Signature..... Date