



# BRADMAN FOUNDATION

## BOWRAL RESIDENTIAL CRICKET CAMP REGISTRATION

THE BRADMAN FOUNDATION HAS BEEN SUCCESSFULLY CONDUCTING REGULAR COACHING CAMPS SINCE THE LAUNCH OF THE PROGRAM IN 1990.

Led by the Bradman name and ideals, these annual camps have enjoyed enormous success and popularity, with the students attending from all over Australia and some even making the journey overseas.

Each camp is coordinated by the Bradman Foundation's Director of Coaching, assisted by a coaching panel with experience and qualifications. Special guest coaches are also available from the current NSW State Squad.

National Accredited Level 1, 2 & 3 Coaches  
Equipment Available  
Free membership to Bradman Juniors  
Free t-shirt & cap  
All inclusive coaching camp, fun activities & guided tour of the Bradman Museum & International Cricket Hall of Fame.

Accommodation & meals at TBC  
Girls and Boys 11 – 17 Years  
Bradman Oval, St Jude Street, Bowral

- \$780 Non-member
- \$730 Bradman Junior Crest Member Previous Participant
- \$50 Deposit to secure a spot

PLEASE NOTE: Each camp is limited to 45 participants. To ensure your child does not miss out, book today with a \$50 deposit. Payment plans can be discussed with Susan on (02) 4862 1247.

For further INFORMATION or to discuss a PAYMENT PLAN contact:  
Susan Strangman - (02) 4862 1247 or [info@bradman.com.au](mailto:info@bradman.com.au)

DATES ATTENDING: (PLEASE TICK APPROPRIATE DATES)

Sunday, 13 December 2015 to Friday, 18 December 2015

Sunday, 10 January 2016 to Friday, 15 January 2016

PAYMENT OPTIONS: (PLEASE TICK)

\$780 Non-member       \$730 Bradman Junior       \$50 Deposit

Cash       Cheque       MasterCard       Visa       Amex       Diners

Credit Card Number:

Card Holders Name:

Card Expiry Date:

Signature:

CCV:

Please make cheques payable to **The Bradman Foundation**.  
Post to: The Bradman Foundation, PO Box 999 Bowral NSW 2576

PLAYER DETAILS: (PLEASE USE BLOCK LETTERS - ALL DETAILS ARE REQUIRED)

Surname:  Given Names:

D.O.B:  Age:  Gender: Male  Female

Address:

Suburb:  State:  Post Code:

Email:

PARENT / GUARDIAN DETAILS: (PLEASE USE BLOCK LETTERS - ALL DETAILS ARE REQUIRED)

Surname:  Given Names:

Address:

Suburb:  State:  Post Code:

Email:

Contact Number: (H)  (W)  (M)

Emergency Contact Person 1:  Contact Number:

Emergency Contact Person 2:  Contact Number:

Are there any personal issues we need to know? Yes  No

If YES please provide details:

PLEASE contact me regarding a payment plan. I understand all final payment must be received 21 days prior to the first day of camp.

**T-SHIRT SIZE:** (PLEASE TICK)

Adult Sizes:  Small  Medium  Large  Extra Large  
Children Sizes:  16

**MEDICAL CONDITIONS:**

Asthma:  Yes  No      Is preventative medication required:  Yes  No

Additional Information:

Other Medical Conditions / Allergies:

Special Dietary Requirements:

**INDEMNITY AND RELEASE**

I acknowledge that there are inherent dangers associated with the Cricket Program which may result in the child being injured. To the extent permitted by law I agree on behalf of the child and in my own right to absolve and indemnify the Program Coordinator, Coaches and State Cricket Association from any and all liability for injury, loss or damage however caused arising out of the Childs participation in the Program. I agree both on behalf of my child and in my own right to release and forever discharge the Program Coordinator, Coaches and State Cricket Association from all claims that I or the child may have or may have had but for this release arising from the Childs participation in the Program. I authorize the Program Co-coordinators to arrange medical or hospital treatment (including, without Limitation, ambulance transportation if I am not available to do so and I indemnify the Program Coordinator, Coaches and State Cricket Association for all costs associated therewith. I authorise the Camp Coordinator, Head Coaches or their delegates to obtain immediate ambulance, medical, dental or hospital attention should it be required. I/we understand that I/we will be informed as soon as possible after the event. I/we understand that in the first instance the person shown as the Emergency Contact Person will be contacted.

I have read understood, acknowledged and agree to the above declaration including the warning, release and indemnity.

Medicare No:  Patient No. On Card:  Expiry Date:

Signed:  Name:  Date:

Photographs will take place during clinics for the purpose of marketing. I give permission for my child to be photographed for marketing purposes.

Yes  No

**The Bradman Foundation offers all families the opportunity of making monthly payments.  
Please contact Susan on (02) 4862 1247 to learn more.**