

Elite Cricket League 2026 Player Registration Form

Player Information

Full Name: _____

Club Name: _____

Date of Birth: _____

Contact Details

Phone Number: _____

Email Address: _____

Home Address: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Any Medical Conditions (Yes/No + details): _____

Current Medication (Yes/No + details): _____

Waiver & Declaration

I confirm that I am physically fit to participate in the Elite Cricket League 2026. I understand participation is at my own risk and agree to abide by all league rules and regulations. I release the organizers from any liability for injury or loss.

Consent

I agree to the terms and conditions

I consent to photos/videos being used for promotional purposes

Signature

Player Signature: _____

Date: _____

For Office Use Only

Registration Received: Yes No

Waiver Signed: Yes No

Approved By: _____