



Memphis TN, Atlanta Georgia.

RPCA APPLICATION FORM FOR COACHING SERVICES

NAME:

D.O.B:

AGE:

CONTACT#:

EMAIL:

NAME OF PARENT or LEGAL GUARDIAN (If under 18)

CONTACT # & EMAIL

CRICKETING STRENGTH:

BATTING: _____ BOWLING _____ ALLROUNDER _____

WHAT TEAM DO YOU PLAY FOR?

SCHOOL:

CLUB:

COUNTRY:

ARE YOU INTERESTED IN RPCA SOURCING INTERNATIONAL CRICKET CONTRACTS ON YOUR BEHALF? YES _____ NO _____

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD PREVENT YOU FROM PLAYING PROFESSIONAL CRICKET AT ANY GIVEN TIME? IF SO, PLEASE STATE AND PROVIDE EVIDENCE.

ALLERGIES _____ DISABILTY _____ MEDICAL CONDITIONS _____

ALL ATHLETES WILL BE REQUIRED TO SUBMIT A MEDICAL REPORT SHOWING A CLEAN BILL OF HEALTH PRIOR TO JOINING THE ACADEMY.

HOW MANY SESSIONS OF COACHING WOULD YOU REQUIRE PER MONTH?

4 _____ 8 _____ 10 _____

WHEN WOULD YOU LIKE TO START? _____

PARENT or CRICKETERS SIGNATURE IF OVER 18

HEAD COACH or RPCA DIRECTOR SIGNATURE

P.S. CLIENTS ARE HELD LIABLE FOR ALL SESSIONS BOOKED UNLESS THE STUDENT CAN PROVIDE MEDICAL EVIDENCE FOR THEIR ABSENTEEISM. IF THE COACH IS UNAVAILBLE DUE TO TRAVEL DUTIES, THEN AN INTERIM COACH WILL BE PROVIDED.