

Atlantic Region Cricket Board

PLAYER ACTIVITY CONSENT FORM

4/10/2015

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

DOB (month/day/year) ____/____/____

Without restrictions

Special considerations or restrictions:

Hold Harmless Agreement

I the undersigned understand that participation in Cricket Atlantic Region activities is entirely voluntary and requires that I adhere and abide by all applicable rules, standards of conduct and good sportsmanship. I have carefully considered the risks involved and have given consent for my child/children to participate in cricket related activities. I release Cricket Atlantic Region, the activity coordinators, managers, coaches, employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of my child's/children's participation. In case of emergency involving my child/children, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the Manager and or Coach, to secure authorized medical treatment for my child. Medical providers are authorized to disclose to the Manager and Coach, examination findings, test results, and treatment provided for purposes of medical evaluation and or treatment of my child/children.

The manager and or coach shall follow-up and communicate with the participant's parents or guardian, informing them of the participant's ability to continue in the program's activities.

I certify that my child is not suffering from any physical or mental condition that restricts or prohibits him/her from participating in practice, cricket (league) games or youth tournaments. I have read this document and hereby give my consent for full participation.

Parent's Signature: _____ Date: _____

Emergency Telephone #: 1. _____ 2. _____

Parent/guardian name (Print): _____