



Bermuda Cricket Board

2011 BCB SUMMER CRICKET CAMP APPLICATION FORM

WEEK 1	July 4 – July 8	()
WEEK 2	July 11 – July 15	()
WEEK 3	July 18 – July 22	()
WEEK 4	July 25 – July 27 (3 days)	()
WEEK 5	Aug 1 – Aug 5	()

TIME AND LOCATION:

9:00A.M. TO 3:00P.M. DAILY (MONDAY – FRIDAY) at BERKELEY INSTITUTE

FEES

\$100 per child per week Total \$ _____ Cash () Check () Credit Card ()

AGE

AGES 7 – 13 YRS

EACH CHLD WILL RECEIVE A T-SHIRT - S () M () L () XL ()

CHILD'S NAME: _____ AGE: _____

PARENT CONTACT INFO PLEASE PRINT:

MUM'S NAME: _____ (W) _____ (H) _____ (CELL) _____

EMAIL: _____ @ _____

DAD'S NAME: _____ (W) _____ (H) _____ (CELL)

EMAIL: _____ @ _____

OR OTHER: _____ (W) _____ (H) _____ (CELL) _____

PLEASE USE THIS FORM AS AN APPLICATION AND SUBMIT TO BCB OFFICE WITH CORRECT FEES TO:

BERMUDA CRICKET BOARD
P.O. BOX HM 992, HAMILTON HM DX.
TEL: 292-8958 FAX: 292-8959 EMAIL: info@cricket.bm
WAIVER FORM ATTACHED - PTO

**THE BERMUDA CRICKET BOARD (the "BCB") SUMMER CRICKET CAMPS
INDEMNITY & RISK WAIVER AND MEDICAL AUTHORISATION**

I, agree to my child's attendance at the above mentioned camp.

In the case of emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child is enrolled with the program.

I understand that although the BCB and its service providers attempt to minimise risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program and I agree that my child undertakes the activities at his/her own risk.

I release and indemnify the BCB and its officers, servants, agents and service providers against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever arising directly or indirectly out of any personal injury to my child howsoever occasioned.

Signed by parent/guardian

Contact number

Name

Name of child

A SPECIAL NOTE TO PARENTS/GUARDIANS:

- (1) All prescription drugs must be registered on this form.
- (2) All prescription drugs, except those which must be kept on the tour member's person for emergency use, must be kept and distributed by the BCB staff.
- (3) [] check here if there are NO special problems that the BCB staff should be aware of and no prescription drugs are required on the trip.
- (4) If any medication or prescription drugs are to be taken by the tour member, list them here (Name of drug and reason):

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If your child has a special medical problem, kindly attach a description of that problem to this sheet.