

2011 Fall Youth Cricket Clinic
Registration Form

I'd like to register my child/children for the Summer Youth Cricket Clinic to be held at India House Houston from October 2nd, 2011 through November 20th, 2011. The registration fee is \$20 per child and is due when this form is submitted. Please make all checks payable to India House Houston.

Parent's Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact Name/Number: _____

Family Doctor's Name/Number: _____

Parent's E-Mail Address: _____

Names, Ages, and Gender of Children to be Registered

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Please list any special needs or medical conditions that we should know about: _____

Waiver of Liability:

I hereby give my permission for my child(ren) to participate in the India House Youth Cricket Clinic. Further, I authorize the organizers to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and reasonable effort has been made to do so.

My child and I are aware that participating in cricket is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable-risk conditions associated with the sport. All such risks to my child are known and appreciated by my child and me.

I acknowledge that the organizers, India House Houston, and Houston Taped Ball Cricket are not liable for any injury sustained either by accident related to the clinic activities or anything related to India House. Additionally, in case of damage caused to India House due to negligent behavior, the registrant's family will be responsible for fixing it.

We understand this informed consent form and agree to its conditions.

Signature: _____ Date: _____