



**PRO CRICK MEMBERS: PARENT PERMISSION/CONCENT AND INDEMNITY FORM FOR PLAYER PARTICIPATION.**

PLAYERS NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

I, the undersigned parent / guardian, do voluntarily wish to give permission for and request that my child be allowed to attend and participate in all Pro Crick Academy's cricket activities. This includes all practice sessions and matches arranged by Pro Crick.

My child is physically fit and capable of participating and will follow the rules and instructions of the Academy personnel.

I understand that participation in these activities involve some risk and that unforeseen events/injury can occur.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the Pro Crick Academy.

I release and discharge the Pro Crick Academy from all liability or responsibility for death, illness, personal injury, or property damage arising out of the Pro Crick Academy activity and any transportation involved with the Pro Crick Academy activity.

This permission, waiver, release, and consent apply to the Pro Crick Academy and their officers, agents, and employees.

This waiver and release form is signed in order for my child to participate in these activities for his own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

**COVID-19**

I hereby indemnify and hold Pro Crick, its agents, representatives, and coaching staff harmless against any claim or demand arising from Covid-19 related death of illness of any player, of whatsoever nature and howsoever sustained, including indirect or consequential loss and/or damage, arising from or occasioned by the players participating in these activities.

**I have read and discussed the COVID protocol document containing the rules of participation with my child and I am aware that NO SPECTATORS are allowed at the venue. (This may change as restrictions change)**

**I further undertake to ensure that my son is in good health and that he show no COVID related symptom's before he attends any practice or match, to my knowledge, I also confirm that my son has not been in contact with any persons who tested positive for COVID in the days leading up to a specific event.**

**Contact Information:**

Name of Parent/Guardian: \_\_\_\_\_

Cell number: \_\_\_\_\_

In case of an emergency and I cannot be reached, call:

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Cell number: \_\_\_\_\_

In the event of an emergency and if the Academy is unable to contact me or the next of kin, I authorize Academy personnel or other adult leadership of the Academy, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, Pro Crick Academy will not be responsible to pay for any medical or dental expenses.

I request that my child be allowed to participate, I execute this form voluntarily and with full knowledge of its significance. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_