



2015 Cricket Camp Application Form

Week 1	29 June - 3 July	()
	After Camp Service	()
Week 2	6 - 10 July	()
	After Camp Service	()
Week 3	13 - 17 July	()
	After Camp Service	()
Week 4	20 - 24 July	()
	After Camp Service	()
Week 5	27 - 29 July (\$72)	()
	After Camp Service (\$30)	()
Week 6	3 - 7 August	()
	After Camp Service	()

Time/Location:

9:00 am to 3:00 pm Monday – Friday at **Berkeley Institute Gym/Field** (drop off from 8.30am)
 3:00 pm to 5:30 pm – After Camp Service (**minimum 5 children**)

Fees: \$120 per child per week **After Camp Service:** \$50 per child per week

Total \$ _____ Cash () Check () Credit Card () Debit / MC / Visa (Circle)

Online Payment HSBC 006-006-530-001 CC # _____

Pls quote child's name for online payments

Child Pick-up: () Guardian () Bus/Walking **(The BCB are not held responsible once your child has left the premises at the end of the day)**

Ages : 7 – 13 Yrs

Child's Name: _____ Age: _____

Contact Info PLEASE PRINT:

Mom's Name: _____ (W) _____ (H) _____ (Cell) _____

Email: _____

Dad's Name: _____ (W) _____ (H) _____ (Cell) _____

Email: _____

Other Contact: _____ (W) _____ (H) _____ (Cell) _____

PLEASE SUBMIT TO BCB OFFICE WITH CORRECT FEES TO:

Bermuda Cricket Board
 Charities House, 2nd Floor, 25 Point Finger Road, Paget DV 04
 P.O. Box HM 992, Hamilton HM DX.
 TEL: 292-8958 FAX: 292-8959 EMAIL: info@cricket.bm



Summer Cricket Camp Indemnity & Risk Waiver and Medical Authorization

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

In the case of emergency, I authorize 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 minimize 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.

Name of child

Parent/Guardian's Name

Parent/guardian's signature

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 camp 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 camp member, list them here (Name of drug and reason):

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



Sunscreen Application Permission Form

Name of Child: _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of developing skin cancer. Therefore, I give permission for the staff at:

BERMUDA CRICKET BOARD, SUMMER CLINIC

to apply a sunscreen product that is broad spectrum with SPF 30 or higher to my child every 2 hours as specified below, when he/she will be playing outside, especially during the months of April through November and between the daily time of 10am – 4pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have checked and initialed below all applicable information regarding use of sunscreen for my child:

I do not know of any allergies my child has to sunscreen

My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen: _____

I have provided the following brand/type of sunscreen for use for my child:

In the event my child arrives at camp without his/her personal sunscreen, staff may use the sunscreen of the BERMUDA CRICKET BOARD (kept on location for emergency use only).

For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!



BCB Clinic Swimming and Travel Form

I, _____, on behalf of my minor child, _____, hereby release the Bermuda Cricket Board, and their agents, employees and/or officers and Board of Directors from any liability of personal injury, death, or property damage through my child's participation in the BCB Summer Clinic.

I am fully aware, understand and acknowledge that my child(ren) will be swimming with the clinic, and will be playing cricket games at various locations around the island. I am fully aware, understand and acknowledge that my child will be accompanied by a Camp counselor but that swimming, walking to games or catching the bus to games for example has inherent risks associated with it. I knowingly assume those risks, release and covenant not to sue the Bermuda Cricket Board for any liability whatsoever resulting from my child's participation in any part of this clinic.

The undersigned hereby agrees to indemnify and save and hold harmless the Bermuda Cricket Board from any loss, liability, damage, or cost that may occur as a result of my minor child's participation in the clinic. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of the Bermuda Cricket Board.

Please circle the swimming strength of your child:

NON SWIMMER* (Can't Swim)

BASIC

CONFIDENT

*Please note that if your child cannot swim they will be required to wear armbands. If armbands are not provided they will not be allowed to swim.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing writing agreement have been made.

Date Signed _____

Parent/Guardian printed name _____

Parent/Guardian signature _____

Participant name (please print) _____