

# HOTSHOTCRICKET.COM



**Player Information** Complete a registration form for each player. Please print clearly. **E-mail:** \_\_\_\_\_

Name of Player (first) \_\_\_\_\_ (last) \_\_\_\_\_

Name of Parent \_\_\_\_\_ Telephone # (H) \_\_\_\_\_

Address \_\_\_\_\_ (W) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ (C) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ as of today

Volunteer Information: I can help with \_\_\_\_\_ Coaching \_\_\_\_\_ Team Parent \_\_\_\_\_ Field Maintenance \_\_\_\_\_ Other: \_\_\_\_\_

Office use only	
Outdoor	
Indoor	
Clinic	
Cost:	
Reg Date	
Shirt Size	

## Medical Information

If this child has any disabilities, handicaps, present injuries or limitations, allergies, diabetes, hemophilia, heart condition, history of respiratory illness or any other significant medical condition, please describe \_\_\_\_\_

Is this child/player covered by health insurance? **Yes No** (Circle one) Insurance Co \_\_\_\_\_

Name and phone of the family doctor \_\_\_\_\_

**Emergency contact if you cannot be reached:** Name, phone #(s)

## Liability Waiver / Medical consent

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Hot Shot Cricket ("HSC"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth sports activities, and in consideration for HSC accepting the registrant for its youth sports programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify HSC, its affiliated organizations and sponsors, their employees and the associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the Programs and / or being transported to or from the same, which transportation I hereby authorize. I desire to enroll in a **sport** program or use the facilities and services of the Kansas Cricket Association (KCA) and its affiliated cricket clubs. In exchange for the opportunity to participate in the **sport** program and other physical fitness, educational, and social activities and/or to use KCA facilities and services,

**I agree not to sue or bring any legal action against the KCA and its affiliated cricket clubs, employees, instructors or their successors and assigns for all loss, damage or injury (including death) that I (or my family or heirs) may experience in connection with my activities or attendance with the KCA and its affiliated cricket clubs, even if caused by a third party, other players, or KCA**

I understand that my use of the facilities and services, participation in a **sport** program, and/or related activities, involves dangerous conditions and risks of bodily injury (broken bones, for example) and risks to property (stolen or damaged equipment, for example). I also understand that certain **sport** and social activities can involve travel away from the KCA and its affiliated cricket clubs regular playing grounds and that all travel involves certain risks (accidents, for example). **I assume full responsibility for these conditions and assume the risks no matter how the conditions and risks arise**, including the acts or omissions and/or negligence of outside third parties, other club members, or the KCA and its affiliated cricket clubs, employees or instructors. **I waive notice from the KCA that specifically outlines these dangerous conditions and risks.**

I consent to all videotaping and photographing while on the KCA and its affiliated cricket clubs property or other facilities used for the sport and participating in activities related to Cricket. I agree that the KCA and its affiliated cricket clubs can use these images at any time and in any manner consistent with the promotion of the sport without payment to me and without my approval.

**I agree to be personally responsible for, and hold the KCA and its affiliated cricket clubs harmless from, all costs (including amounts recovered from KCA) related to any legal action brought against the KCA and its affiliated cricket clubs, its employees, instructors, staff or their successors and assigns for loss, damage or injury including death) to any person, entity or property caused by me, in any way, while at a KCA and its affiliated cricket clubs grounds or other facilities used for the sport or while traveling.**

In case of accident or emergency if I cannot be reached, I authorize coaches or parents acting as activity supervisors, as my agents, to consent to medical or dental examination and/or treatment. I hereby authorize care at any Hospital.

If a dispute arises under this agreement that cannot first be resolved through good faith negotiation, the dispute will be submitted to arbitration and resolved by a single arbitrator (who will be a lawyer). The decision rendered by the arbitrator will be in writing, final, binding and conclusive and judgment may be entered upon such decision by any court. The arbitrator has no authority to award attorneys fees.

**I have carefully read this agreement and understand each provision. I also understand that this waiver is binding upon me and my family members, heirs, and representatives.** I, in front of the witness named below, freely signed this agreement on \_\_\_\_/\_\_\_\_/\_\_\_\_ date.

By \_\_\_\_\_ Signature of Parent  
 \_\_\_\_\_ Printed Name  
 Witnessed by \_\_\_\_\_ Sign \_\_\_\_\_ and \_\_\_\_\_ Print Name