

Dear friends,

Here are the details about the Cricket Coaching Camps this fall. Please read the instructions and fill out the enclosed registration form (page 2 of this document) and mail it to us at the address mentioned below:

1. The classes will be held every Saturday afternoons.
2. The session starts on 6<sup>th</sup> September 2003 and goes on for 8 weeks.
3. Charges for the class are \$160.00 /person + \$10.00/person processing fees.
4. The classes will be held in Cupertino and Milpitas.
5. The gear for the class (bats, balls, stumps, pads, etc.) will be provided.
6. We will initially start with tennis balls for kids to get used to the speed of the game. We may then switch to harder balls depending on kids' progress.
7. First Aid kit will be available on the ground in case of injury.
8. We will have one Coach and one assistant coach teaching the class.
9. Kids should bring their own drinking water to the ground.
10. Kids should have proper shoes for class.
11. All kids should dress up in jeans – no shorts please.
12. Please arrive for the class on time and pick up your child immediately after the class
13. Please make the check payable to:

MS. KINJAL BUCH  
10307 Bret Avenue  
Cupertino, CA 95014

Please feel to call me us at (408) 777-9983 if you have any other questions.

# CALIFORNIA CRICKET ACADEMY

## **SECTION A**

PARTICIPANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S/LEGAL GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE INFORMATION:

COMPANY: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

PRIMARY CARE PROVIDER'S NAME: \_\_\_\_\_

PRIMARY CARE PROVIDER'S PHONE: \_\_\_\_\_

### **For the parents:**

Would you be willing to volunteer as assistant coach? \_\_\_\_\_

## **SECTION B**

In consideration for the acceptance of my application for participation in the aforementioned activity, I hereby waive, release and discharge, the California Cricket Academy, the concerned School District, the concerned school, and any and all concerned City offices, their concerned departments, the County of Santa Clara, their agents and employees from and against any and all liability for any loss, personal injury, including death, or property damage that may have arisen out of, or in any way connected with, my participation or presence at the aforementioned event, even though that liability may have arisen out of negligence or carelessness on the part of the persons or entities mentioned above and herein released, but do not release the above mentioned persons or entities from their fraudulent or intentional acts or for their negligent violations of statutory law.

Furthermore, I assume all responsibility and agree to indemnify the City of Cupertino/City of Milpitas for any loss, damage or injury to myself or my property which may have been caused by negligence, or any act, of any person connected in any way with the aforementioned event. I understand that the City of Cupertino/City of Milpitas does not guarantee the construction, condition, or safety of the facilities or the equipment and that this release agreement is to be binding on me, my heirs and assigns. I have read the above, understand it's meaning and voluntarily sign it. PARENT OR LEGAL GUARDIAN MUST SIGN FOR PARTICIPANTS.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant's parent or legal guardian

Include with your registration\*:

- 1) Payment
- 2) Signature Section B

\* Please fill out separate form for each participation sibling.