



## Bermuda Cricket Board

### 2012 Cricket Camp Application Form

Week 1	2 – 6 July After Camp Service	( ) ( )
Week 2	9 – 13 July After Camp Service	( ) ( )
Week 3	16 – 20 July After Camp Service	( ) ( )
Week 4	23 – 27 July After Camp Service	( ) ( )
Week 5	30 July – 1 Aug (3 days) <b>Reduced rate of \$60</b> After Camp Service (\$30)	( ) ( )
Week 6	6 – 10 Aug After Camp Service	( ) ( )

#### Time / Location:

9:00 am to 3:00 pm Monday – Friday at **Berkeley Institute Gym/Field**, Berkeley Hill, Pembroke  
3:00 pm to 5:30 pm – After Camp Service (**minimum 5 children**)

#### Fees

\$100 per child per week Total \$ \_\_\_\_\_ Cash ( ) Check ( ) Credit Card ( )

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

**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 – 14 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, 2<sup>nd</sup> 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](mailto:info@cricket.bm)

**WAIVER FORM OVER**

**The Bermuda Cricket Board (The “BCB”) 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 authorise 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 minimise 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.

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Name of child

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Parent/Guardian's Name

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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):

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