



VARDHAMAN CRICKET ACADEMY

Sports Ground , Vardhaman College, Bijnor, U.P.

Email-id- vcbricket@gmail.com

Contact No. 9258145088, 8755025007



REGISTRATION FORM

Passport
Size
Photo

Name of Trainee _____ Joining date ___ / ___ / ___

Age _____ D.O.B. ___ / ___ / _____ Gender (M / F)

Mobile No. _____ Yearly Summer Camp

Email ID _____

Father's Name _____

Mother's Name _____

Trainee's Aadhar Card No. _____

Name of School /College _____

Address _____

Proficiency : Batting Bowling Wicket Keeping All-Rounder

Are you associated with any Team/Club/Academy? _____

MEDICAL HISTORY

Blood group _____ Height _____ Weight _____

Give details in case following problem:

Any surgery/ injury _____

Cardio-vascular problem _____

GUARDIAN DETAILS

Name _____ Relation- _____

Occupation _____ Parent's Contact No. _____

Contact person's Name & Phone No. during emergency _____

(Signature of Trainee)

FOR OFFICE USE ONLY

Registration No. _____ Age Group — Sub Junior

Date : _____ Junior

Amount Rs. _____ Senior

(Authorised Signatory)

TERMS AND CONDITIONS

1. I _____ (Parent/Guardian) do hereby undertake to abide by the rules of Vardhaman Cricket Academy. The Academy shall not be held responsible for any injury during Cricket Coaching/training.
2. Academy treats safety and well being of all children attending our training as a priority. We therefore, reserve the right to remove our activity without refund, any child or guardian found bullying, misbehaving or generally being disruptive.
3. Mobile numbers mentioned in the form will be contacted for communication purposes to keep you informed about academy related details.
4. Parents must ensure that the participants are physically fit and able to participate in training and accept all the risks resulting from participation in the course.
5. The fee will be accepted via cash on or before 10th of every month.
6. Late submission of fees will not be tolerated and hence, subjected to fine of Rs. 200.
7. No refund is permitted for applicant's failure to attend the coaching program.
8. The academy will not be responsible for any injuries suffered by the trainee during the practice and no compensation should be claimed from the Academy.
9. First aid kit will be provided during the practice session.
10. Coaching will be provided to kids of age 8 years and above.
11. Trainee will have to report in Cricket uniform.
12. Attach photocopy of Birth Certificate/Aadhar Card.
13. Its mandatory to follow safety and health protocols.

CONSENT

I give my full consent for my child _____ to participate in Vardhaman Cricket Academy. I understand that some activities may be strenuous and that a reasonable standard of fitness for them is essential. In case of medical emergency, I hereby delegate Academy staff the power to authorize and obtain any necessary diagnosis and treatment for my child and I will bear all costs for the same.

I accept that academy activities carry with them some degree of risk both to person and property and knowing the risk, I still desire my child to participate in the academy, unless I have specified otherwise in writing. In the unlikely event of an accident, I release, waive and hold harmless academy, admin staff, coaches, founders and other co-partners from any claims, losses, damages or expenses which may arise during the Academy training and competitions. I also agree with the rules and code of conduct for players and parents.

I _____, the parent/guardian of _____
(trainee) have read and approve the above and agree to all terms and conditions.

Signature of Parent/Guardian _____ **Date** _____.