

## SEASONED PRO INDOOR CRICKET REGISTRATION AND REGULATIONS FORM

To Seasoned Pro Pte Ltd:

- 1) As my Team's Manager, by signing this form, I hereby confirm my team's participation in the Seasoned Pro Indoor Cricket League commencing September 2011.
- 2) I have been informed by the League Organisers, Seasoned Pro Pte Ltd, of the expected league start date. I am also aware of the expected number of games, with 10 guaranteed games that I am committing my team to play and pay for. If full payment is not made by the deadline stipulated by Seasoned Pro, they reserve the right to expel my team as and when they choose. If payment has been made and my team subsequently withdraws, there will be no refund.
- 3) My team will abide by all the Rules of the Seasoned Pro Indoor Cricket League. The umpire's decision is final. Any serious misconduct by players will be dealt with by the Organisers at their discretion.
- 4) I am responsible to ensure that all players in my team are aware that the activities organised by Seasoned Pro Pte Ltd can be hazardous. I am responsible to ensure all players understand that participation and the use of equipment and facilities in connection with participation involve a risk of injury to any and all parts of the body. I hereby confirm that all players in my team freely and expressly assume and accept any and all risks of injury, loss and damage to them and their/my property, regardless of the cause, while participating and using equipment and/or facilities in connection with the league.
- 5) My team will not hold Seasoned Pro Pte Ltd nor any of its agents or employees liable or responsible in any way for, and my team will release Seasoned Pro Pte Ltd, its agents and employees from any and all responsibility and liability for, any injury, loss, death or other damage to the team, their family, heirs, assigns and/or property, howsoever caused, as a result of their participation in the league and/or use of equipment and/or facilities in connection with participation in the league.
- 6) I am responsible to ensure also that all players involved with my team are fully aware that no medically qualified individuals will be supervising the indoor cricket league. All my team members enter this league of their own free will. They will endeavour to care for themselves and seek medical attention should the need arise.

TEAM NAME \_\_\_\_\_

	TEAM MANAGER	SECONDARY CONTACT
CONTACT NAME		
IC/ID NO.		
HOME ADDRESS		
MOBILE NUMBER		
EMAIL		
SIGNATURE		
DATE		