

**CAYMAN ISLANDS CRICKET ASSOCIATION
PLAYERS REGISTRATION FORM**

CLUB

NAME: _____

P.O. BOX: _____

DATE OF BIRTH: _____

PHONE (H): _____

(W): _____

(C): _____

NATIONALITY: _____

**NUMBER OF YEARS RESIDENT IN THE CAYMAN ISLANDS
(NON-CAYMANIAN):** _____

DISCLAIMER

By signing this registration form I agree to participate in the games, competitions or events organized by the CAYMAN ISLANDS CRICKET ASSOCIATION (CICA) for the year 2005.

I agree to be bound by the rules and regulations governing such games, competitions or events. My participation shall be entirely voluntary.

I acknowledge that the game of cricket involves a risk of personal injury. I am responsible for providing and wearing all protective equipment as approved by the Laws of the Game of Cricket and the rules and regulations of CICA and for taking all precautions as may be appropriate or necessary for the prevention of injury to myself whilst participating in any competition or event organized by the association. I acknowledge without reservation that the CICA or any of its associate organizations shall not be liable for any personal injury, or loss or damage arising from any such injury as I may suffer whilst participating in any games, competitions or events organized by the CICA.

SIGNATURE

DATE