OLEMIS CRICKET TOURNAMENT 2009

TEAM REGISTRATION FORM

SECTION A

TEAM NAME: ___________________ REGION/CLUB: __________________

TEAM REPRESENTATIVE: ________________________________________

ADDRESS: _____________________________________________________

CITY: ________________________ STATE: _______________ ZIP: _______

PHONE: _____________ OFFICE/CELL PHONE: _________________________

E-MAIL: ________________________________________

SECTION B (To be signed by Team’s official representative)

I, (Team’s official representative) _________________________________ assume all responsibility on behalf myself and the team I am representing and agree to indemnify any and all concerned authorities, school district & organizations as well as tournament organizers for any loss, damage or injury to myself or my team members or my and my team’s property which may have been caused during the tournament by accident, or negligence, or any act, of any person(s) or tools, equipment connected in any way with this event.

I have read the above, understand its meaning and voluntarily sign it.

______________         _________________________________________
Date                                                    Signature of team’s official representative

Include with your team registration form¹:

1) Payment - $100.00 (Non-refundable registration fee) 2) Signature Section B

¹ Please fill out separate waiver form for each participating team member

Questions? Please email vinjamur@olemiss.edu