

Coast Cricket Association

P.O.Box :- 82899, Mombasa, Kenya

affiliated to Cricket Kenya

Player Registration Form (Season 2016/17)

Name :-	
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Club :-	
Date of Birth :-	

(If your age is Under 18, its necessary to submit the CCA indemnity form with this

Nationality :-	
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(if you are not a Kenyan citizen please submit your Work Permit / Dependent pass Details with this form)

Batting Style :-	
Bowling Style :-	
Playing Role :-	

*Please email us softcopy of
your latest passport size
photo with CCA No or Name
on ccakenya@gmail.com*

Coast Resident

Non Coast Resident

Mobile No		Email	
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Have you Previously Played with a CCA Affiliated Club in season 2015/16— **Yes / No**

If Yes please specified the Name of the Club - _____

Are you currently Playing/registered with a NPCA/RVCA Affiliated Club— **Yes / No**

If Yes please specified the Name of the Club— _____

Are you currently employment of Cricket Kenya as a Player or Coach— **Yes / No**

If Yes please specified the position — **Player / Coach**

The Coast Cricket Association; Administrators of the said Association, or Club or any other person in whose care, control or custody the intended players are whilst this person is conducting or performing tasks associated with the Association or the clubs operations including but not limited to training sessions, fixture games, transport to and from the said games and training sessions and social and fundraising activities (the participant) shall in no event whatsoever be liable for any loss, injury or damages that a player incurs. The foregoing provision shall apply in respect of any claim demand or action howsoever arising including but not limited to a breach of contract or tort including negligence brought by the player, parent or guardian. Players, parents or guardians are advised to take necessary steps to insure themselves, their offspring or wards against any injuries they may incur whilst playing cricket or otherwise in the care, control or custody of the said Association; intended Club or the personnel and that their offspring or wards are covered by Hospital Benefits or other suitable insurance schemes.

I, the player, in consideration of the Coast Cricket Association and the intended Club agreeing as above, hereby indemnify and shall keep indemnified all participants in respect of any claims for liability arising while I am participating in any cricket activity. I agree that the Coast Cricket Association will hold the benefit of this indemnity on trust for all participants.

I, the player, state that I have read, understood and will abide by the terms and conditions of the Coast Cricket Association Constitution and Rules.

Signature of Player :-		Date	
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To be filled by Club

Name of Secretary :-		Sign :-	
Mobile No :-		Email :-	

For Official use only

Received By :-		Sign		Date	
Approved by :-		Sign		Date	
CCA No :-					
Comments :-					

Note - All official registered player will be notified with a CCA No in writing to player and respective club through email and no player will be allowed to play without an official confirmation from CCA.