

The Cricket Association Of Bengal

Dr. B.C. Roy Club House
Eden Gardens, Kolkata- 700021



CONSENT FORM

NAME:.....

DOB:.....

GENDER:

CLUB:

CITY:

DATE:

- * I hereby acknowledge the risks associated with playing in CAB Tournaments under the present COVID-19 pandemic situation.
- * I hereby acknowledge that the risks involved, necessary precautions and the protocols for CAB Tournaments have been duly Informed to me by CAB.
- * I hereby acknowledge that the CAB cannot guarantee the complete elimination of risks posed by COVID-19 through the Implementation of the precautions and protocols identified by the State Association.
- * I hereby state that I am already vaccinated against Covid-19 virus as protection. **Vaccination Certificate has to be submitted along with this form.**
- * I hereby declare that I am willing to participate in the CAB Tournaments on my own consent without the influence of any other party and informed my Parents /Guardian.
- * I shall adhere to all suggested safety precautions and protocols updated from time to time.

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Signature of Player

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**Signature of
Parent/Legal Guardian of the Player**

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Signature of Secretary with Stamp

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(NAME OF THE CLUB)