GOVERNMENT REHABILITATION INSTITUTE FOR INTELLECTUAL DISABILITES (GRIID) SECTOR -31, CHANDIGARH (0172-2637349, 2637361, Fax No. 0172-2637369)

www.griid.edu.in

griidsports@gmail.com

North Zone Open Cricket Tournament

Rules and Regulation:-

- **1.** Each Team will have 11 players, however a school with a strength of 30 persons or less than 30 can play with 9 players. For batting, ones all the batsman are out, two players can bat for 2nd time by draw of lot among the nine players. The draw will be taken out by match umpire.
- **2.** Each team can have 3 additional players as substitutes.
- **3.** The captain and coach of each team will announce the names of the players before starting the game.
- **4.** Each match will be of 20 overs. However final match will be of 20 overs. One bowler can ball maximum of five overs.
- 5. Bowling Rules:-
 - I. Match will be played with leather ball.
 - II. If the ball bounces more than once before reaching the batsman.it will also be considered as a right ball.
 - III. Wide ball will be as par rules as normal games.(cricket)
 - IV. Bouncers will not be considered as "no-ball".
 - V. Even if the ball is bowled with rotations of shoulder, it will be considered as right ball.
- 6. The decision of two umpires will be final.
- 7. One coach of each team will be allowed to stand in the ground to guide the players.
- 8. There will be 15-minute drinks break after 10 overs.
- 9. Court layout and dimension will be the same as of normal cricket ground.
- 10. Stumped: The rule of normal game will be followed.
- 11. Leg before wicket (LBW):-will apply for these children.
- 12. Eligibility:-
- **I.** Age:-12 years and above.
- **II. IQ: 70 or range 36to70 percent** (certificate from a clinical psychologist with attested photograph is mandatory).
- III. Mentally Retarded with Deaf& Dumb children IQ more than 70 and children with serious medical illness will not be eligible to play.
- 13. All the players of team must wear a proper uniform.
- 14. All the teams will be divided into pools depending upon number of entries.
- 15. It two teams score similar point in a pool, the team with maximum runs per over with enter into semifinal

Kumud Giri Yoga therapist, Sports Organizer Contact No. 8427344360

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(Email:griidsports@gmail.com, Phone No.0172-2637349, 2637361,)

ENTRY FORM

Performa for participants in "**Team Boys and Team Girls for North Zone Cricket**" Cricket Tournament for Person with Intellectual Disabilities to be held on 1st to 31rd December 2024.

1. Name of Organization/Institution/School with address & contact No:

		En	nail id:				
2.	Name of t	Name of the head of Organization/Institution:					
	Email	l id:					
3.		Email id:					
	Mob	Mobile NoEmail id					
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	Email id .						
4.	4. List of Players participating in the Cricket Tournament:						
	Sr. No.	Name of player	Date of Birth	I.Q	Associated conditions	Disability	
					if any	Certificate	
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	2.						
	3.						
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NOTE: Entries should reach at the office of Joint Director, GRIID on or before 15th November, 2024.

Signature of the Head of the Institution/Organization

(with Stamp/Seal of the Institution).

Govt. Institute for Mentally Retarded Children, Sector-32, Chandigarh APPLICATION FOR PARTICIPATION IN CRICKET TOURNAMENT mercement (size) ATHLETE INFORMATION Date of Birth ma represent . one No has geralled besed of CHET dress which would preclude me of Parents or agerts of creats which ıardian Nove had a tall radical dress EMERGENCY INFORMATION make gaived been painting all Cricket Tourna rson to be contacted in case of inegazinas and other faci nergency Phone Noto to bus remaining? ddress II, staring any HEALTH INFORMATION Comments eve my consent or make Check One own Syndrome Atlanto Axial Instability by x- ray projecting heater ad well-to incombin If x -ray positive check YES L the undersigned have sed and fully understand the province If x-ray negative check No cherthy and I shall defend If no x -ray check (R) listory of Yes No Bleding Problem Signature of Adal A thirte Yes No I hereby david that I have reviewed this prict a with the Head Injury Yes No Hearing promblems Yes No hat the ad lete of del at a talence and as agree. Yes No Diabetes Hearts problems Yes No Heat illness or cold injury Yes No Secolare Herinia Yes Name (Print)/ Recent contagious disease or febrile illess or hepatits Yes No Kidney poblems Composition adulties Yes No No Pregnaucy Yes Bone or joint problems Yes No Seizure Yes Vision problems RELEAS TO JECOME Yes No Contact leus/ Glassedd No Yes PARROTTS OR C. ACCESSIVE Dentures/ false teeth No Yes Hearing aid No Yes Functional impairment No beg tot for part Yes to Cricket Townsen eat I her Requiring No Yes Tighet I oner americ. Special equipment Ves I furties rep Emotional problems short you to be to be of one of my board No Yes of tioipate in Cork et neiotey to have a layoung on deal when Special No Yes d brazil or althor a review Other his dual evidence, which chest-un MEDICATIONS participate in sports u Date Prescribed spline unless a l'air rapu Time Amount Medication Name or de Allergies to Medication รอมาราชาธิการเกล่า IMMUNIZATIONS area to east proble Polio Date of last tetanus shot rac bus evaluations Teranus Dom s N the athletes condition should be reviewed by a physician before further participation DATE SIGNATURE in the standing too the atheleus hea If there is any nightificant change let of Jislied by EDIGAL CERTIFICATION that the athlete have a full radiological examination establishing the absence of ATLANTO-AXIA! their nature may result in hyperextesion radial flexion of direct pressure on the neek spine. The spot direct pressure on the neek spine. The spine direct pressure on the neek spine. The spine direct pressure of the neek spine direct pressure of the neek spine. The spine direct pressure of the neek spine direct pressure o in dueling hospil NOTIC- if the athlete has down syndron cricket tournament requ instability before he/ she mar participate is sports or evens. Which and events for which such I radiological amination is equires preclude the athieses participation in Cricket 1 mament Las the health information contined in the applicathat there is no need sying in land I Rosense programs, and physical ac-Physicians Name PHYSICIAN SIGNATION (2) Phon No-

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