

**GOVERNMENT REHABILITATION INSTITUTE FOR INTELLECTUAL DISABILITIES
(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. If two teams score similar point in a pool, the team with maximum runs per over will enter into semifinal.

**Kumud Giri
Yoga therapist,
Sports Organizer
Contact No. 8427344360**

10.					
11.					
12.					
13.					
14.					
15.					

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).**

OFFICIAL CRICKET TOURNAMENT RELEASE FROM

RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____ am at least 18 year old and have submitted the attached application for participate in Cricket tournament.

I represent and warrant that, the best of my knowledge and belief, I am physically and mentally able to participate in Cricket tournament activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified based on either a review of that information or on an independent medical examination, that there is no medical evidence, which would preclude me from participating in Cricket Tournament. I understand that if I have down syndrome, I cannot participate in sports or events which, by their nature result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I have had a full radiological examination before I can participate in equestrian sports, gymnastics, diving pentathlon butterfly stoke and diving and diving starts in swimming high jump, alpine skiing and soccer.

Cricket Tournament has my permission to use my likeness, name voice or words in either television, radio, film, newspaper, magazines and other media, and in any form for the purpose of advertising or communication the purpose and activities of cricket Tournament and or applying for funds to supports those purposes and activities.

If, during my participation in Cricket Tournament activities, I should need emergency medical treatment and am not able to give my consent or make own arrangement for that treatment because of my injuries, I authorize Cricket Tournament to take whatever measures are necessary to insure that I receive the emergency medical treatment which Cricket Tournament deems necessary to protect my health and well-being including, if necessary hospitalization.

I, the undersigned have read and fully understand the provisions of the above release and hereby agree that I will be bound thereby and I shall defend you and hold you harmless of any disaffirmation.

Signature of Adult Athlete

Date

I hereby certify that I have reviewed this release with the athlete whose signature appears. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Signature

Date

Name (Print)

Relationship to athlete

(e.g. family member, teacher, coach etc)

RELEASE TO BE COMPLETED BY

PARENTS OR GUARDIAN OF MINOR ATHLETE

I am the parents/guardian of _____ the minor athletes on whose behalf I have submitted the attached application for participation in Cricket Tournament. I hereby represent that the athlete has my permission to participate in Cricket Tournament.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able participate in Cricket Tournament. With my approval a licensed physician has reviewed the health information set forth in the athlete's application and has certified based on either a review of that information or an independent medical examination that there is no medical evidence, which would preclude the athlete participation. I understand that if the athlete has Down Syndrome he/ she cannot participate in sports or events which, by their nature result in hyper extension, radical flexion or direct pressure on the next or upper spine unless a full radiological examination is required are equestrian sports, gymnastics pentathlon, butterfly stroke and diving surata in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission to Cricket Tournament to use the athlete likeness name voice and words in television, radio, film newspapers, magazines, and other media and in any form, for the purpose of advertising or communication the purposes and activities of Cricket tournament and / or applying for funds for funds to supports those purposes and activities.

If a medical emergency should arise during the athlete participation in any Cricket tournament activities, any time when I am not personally present so as to be consulted so as to be consulted regarding the athlete care, I hereby authorize Cricket Tournament on my behalf, to take whatever measures are necessary to insure that the athlete is provided with any emergency medical treatment, including hospitalization, which Cricket Tournament deems advisable in order to protect the athlete and well-being.

I, the undersigned, am parent (guardian) of the below-specified person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that I and said person will be bound thereby and I shall defend you and hold you harmless for any disaffirmation there of by said person.

I hereby give my permission for _____ to participate in Cricket Tournament games recreation programs, and physical activity prorgame.

Signature of Parents/ Guardian

Date

OFFICIAL CRICKET TOURNAMENT RELEASE FROM

RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____ am at least 18 year old and have submitted the attached application for participate in Cricket tournament.

I represent and warrant that, the best of my knowledge and belief, I am physically and mentally able to participate in Cricket tournament activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified based on either a review of that information or on an independent medical examination, that there is no medical evidence, which would preclude me from participating in Cricket Tournament. I understand that if I have down syndrome, I cannot participate in sports or events which, by their nature result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I have had a full radiological examination before I can participate in equestrian sports, gymnastics, diving pentathlon butterfly stoke and diving and diving starts in swimming high jump, alpine skiing and soccer.

Cricket Tournament has my permission to use my likeness, name voice or words in either television, radio, film, newspaper, magazines and other media, and in any form for the purpose of advertising or communication the purpose and activities of cricket Tournament and or applying for funds to supports those purposes and activities.

If, during my participation in Cricket Tournament activities, I should need emergency medical treatment and am not able to give my consent or make own arrangement for that treatment because of my injuries, I authorize Cricket Tournament to take whatever measures are necessary to insure that I receive the emergency medical treatment which Cricket Tournament deems necessary to protect my health and well-being including, if necessary hospitalization.

I, the undersigned have read and fully understand the provisions of the above release and hereby agree that I will be bound thereby and I shall defend you and hold you harmless of any disaffirmation.

Signature of Adult Athlete _____ Date _____
I hereby certify that I have reviewed this release with the athlete whose signature appears. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Signature _____ Date _____
Name (Print) _____
Relationship to athlete _____
(e.g. family member, teacher, coach etc)

RELEASE TO BE COMPLETED BY PARENTS OR GUARDIAN OF MINOR ATHLETE

I am the parents/guardian of _____ the minor athletes on whose behalf I have submitted the attached application for participation in Cricket Tournament. I hereby represent that the athlete has my permission to participate in Cricket Tournament.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able participate in Cricket Tournament. With my approval a licensed physician has reviewed the health information set forth in the athlete's application and has certified based on either a review of that information or an independent medical examination that there is no medical evidence, which would preclude the athlete participation. I understand that if the athlete has Down Syndrome he/ she cannot participate in sports or events which, by their nature result in hyper extension, radical flexion or direct pressure on the next or upper spine unless a full radiological examination is required are equestrian sports, gymnastics pentathlon, butterfly stroke and diving surata in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission to Cricket Tournament to use the athlete likeness name voice and words in television, radio, film newspapers, magazines, and other media and in any form, for the purpose of advertising or communication the purposes and activities of Cricket tournament and / or applying for funds for funds to supports those purposes and activities.

If a medical emergency should arise during the athlete participation in any Cricket tournament activities, any time when I am not personally present so as to be consulted so as to be consulted regarding the athlete care, I hereby authorize Cricket Tournament on my behalf, to take whatever measures are necessary to insure that the athlete is provided with any emergency medical treatment, including hospitalization, which Cricket Tournament deems advisable in order to protect the athlete and well-being.

I, the undersigned, am parent (guardian) of the below-specified person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that I and said person will be bound thereby and I shall defend you and hold you harmless for any disaffirmation there of by said person.

I hereby give my permission for _____ to participate in Cricket Tournament games recreation programs, and physical activity prorgame.

Signature of Parents/ Guardian _____ Date _____