



# Sri Lanka Schools Cricket Association

FOUNDED IN 1948 AFFILIATED TO SRI LANKA CRICKET  
C/o; Sri Lanka Cricket, No 35 Maitland Place, Colombo 07.  
Tel:+ 0094113158889, 0705090050 Fax :0114718731

*President*

**Mr.Thilak Waththuhewa**

Principal (S.L.E.A.S 1)

Nalanda College – Colombo 10

Tel: 0705090051 / 0766999909

E-mail: [presidentschoolscricket@gmail.com](mailto:presidentschoolscricket@gmail.com)

*General Secretary*

**Mr. J. A. K. S. Indrajith**

Dehiovita National School – Dehiovita

Tel: 070 5090054 / 0716580280

Mobile: 076 5708865

E mail: [kamalkmv@gmail.com](mailto:kamalkmv@gmail.com)

*Treasurer*

**Mr.Manjula Vas**

St. Peter's College – Negombo

Tel: 070 5090055

Mobile: 071 4750850

E-mail: [manjulabasilica@yahoo.com](mailto:manjulabasilica@yahoo.com)

**Due to the risk of Covid 19, all players and all parties participating in the tournament must complete this application before the start of the tournament**

## ❖ Personal Information

Name	
Date of Birth & Age	
School/Job & Working /School Address	
Permanent Address	
Temporary Address	

## ❖ If you have any of the following symptoms,

Symptoms	Yes/No	Duration of the Disease	Treatment Details
Fever			
Cough /cold			
Difficulty Breathing			
Sore/Irritated/Itchy throat			
Diarrhea			

## ❖ Details of Areas visited / or going to

Destination Details	Yes/No	If Yes, Mention the details
Have you gone to quarantine places / High risk areas or Lockdown places in last 14 days?		
Have you got Medical Treatment from Public or Private Hospital in last 14 days?		
Have you taken part in group Activities like Funerals / Weddings or any other public events last 14 days?		

## ❖ Whether Exposed to the Virus?

	Yes / No	If Yes – give details
Have you had any close contacts with a confirmed case of Covid 19?		
Have you been suffering from corona virus symptoms?		
Have you been quarantine at home?		
Has any family member got any difficulties in breathing?		
Are you living in a quarantine or Lockdown area?		
Have you had close contact with someone who has returned from any overseas destination?		

I certify that the above information's are true and correct

Date

Signature

### Conformation by Master in Charge

Name of MIC - .....

NIC No : ..... Contact No : .....

Signature : .....

### Regional Health Medical Officer Certificate

Regional Health Medical Office Address	
Regional Health Medical Officer's Name	
Contact Number	
Certified Date	
Signature and official seal	

**Please Note** – Covid 19 precautions - All Players, Officials and Umpires have to complete this form before coming to the ground for every match. This form has to be signed by the PHI (Physical Health Inspector) in your area of residence. The MIC's of both teams will have to check all forms before allowing anyone to enter the ground. The Home MIC will have to check the Umpires / Match Referee information. The form is valid only for 14 days.