Greytown Junior Cricket Club Registration Form – 2011/2012

Sponsored by *Greytown Glass*

(Only **one** player per form please – return completed form(s) to Josh Doherty, 6 Humpries St, Greytown or email josh-roze@xtra.co.nz)

Player Name: ----------

Parent/Caregiver Name(s): ----------

Address: ----------

Phone: ----------

Email Address: ----------

School: ----------

Year Level: ----------

Date of Birth: / /

Grade/Team in 2010/11 season: ----------

Where appropriate, state player preference: batsman / spin bowler / pace bowler / keeper

Is your child available for consideration for Representative Cricket? Yes / No

Medical Conditions: Please state any health / medical condition your child has that the club coaches / managers should be aware of: (eg asthma, allergies etc**)**

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Parents/Caregivers:
The success of this club and the level of enjoyment your child gets from the game both depend heavily on your support. Any assistance you can provide will be appreciated.

Can you…	help with coaching?	Yes/ No
	help manage a team?	Yes/ No
	assist in Junior Cricket administration?	Yes/ No
	(eg phoning, newsletter distribution, database maintenance etc)	

Is there some other way you can help? ……..

I give permission for …… to play cricket for the Greytown Junior
(Child's Name)
Cricket Club for the 2011/2012 season.

I agree to pay any subs owed by 18 November 2011.

My child understands the standard of behaviour expected and I accept that my child may be removed from a practice, game or team if their behaviour does not meet these expectations.

Signed: …… (Parent/Caregiver)