

HERTINGFORDBURY CRICKET CLUB



Colts Registration Form

For all players aged under 18 on 1st May 2015

Player's name: _____

Date of birth: _____

School: _____

School year: _____

Parent/guardian name(s) _____

Address: _____

Postcode: _____

Home tel no. _____

Mobile no. _____

E mail. _____

Please give details below of any medical conditions/allergies:

I agree to the use of video analysis for coaching purposes with my son/daughter Y / N

(circle as appropriate)

SIGNATURE OF PARENT/GUARDIAN:

DATE _____