



ST SAVIOURS CC

GRANT THORNTON ST SAVIOURS CRICKET CLUB

PLAYER REGISTRATION FORM

<b>SURNAME</b>	
<b>FORENAME(S)</b>	
<b>DATE OF BIRTH</b>	

<b>CONTACT INFO</b>	Mobile:	Email:
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<b>WHEN DID YOUR CURRENT PERIOD OF RESIDENCY IN THE BAILIWICK OF GUERNSEY COMMENCE ?</b>	DD	MM	YYY
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<b>Residence Criteria (tick) (See GCB General Rules -Eligibility Rules)</b>	<b>Born in Bailiwick</b>	<b>4yr+ Secondary School in Bailiwick</b>	<b>Other resident</b>	<b>Resident (10 weeks+ pa Apr-Sept)</b>
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I agree to abide by the Grant Thornton St Saviours CC Code of Conduct, Anti-Doping & Drug Policy, Child Protection Policy in accordance with the General Guidelines available at [www.guernseycricket.com](http://www.guernseycricket.com).

I understand that the Grant Thornton St Saviours CC will retain details as given here on their database and agree hereby to this.

I understand that these details will not be given to a third party without my prior agreement.

I declare that the information given herein is correct to the best of my knowledge. I understand that it is necessary for me to declare any information requested given that I may come into contact with children in the course of playing cricket. I hereby give my consent for the Grant Thornton St Saviours CC to conduct a Criminals Records Bureau (CRB) check if so required. I agree to Grant Thornton St Saviours CC retaining the information given here on their files.

X.....  
 Signed by the Player (counter-signed below by Parent if under 18) Date / /

<b>Signed by the Club Secretary</b>	<b>Date</b>
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X.....

<b>Signature of Parent/Guardian</b>	<b>Date:</b>
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<b>Phone Contacts</b>	<b>Home:</b>	<b>Mobile:</b>
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<b>Email address</b>
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**Other information regarding the player that might be required to be noted (i.e. medical issues)**