



STAFFORDSHIRE CRICKET
PLAYER PATHWAY
PLAYER NOMINATION FORM 2009



Nominated Player Name:		Age at 1 September 2009		Date of Birth	
Address:					
Post Code:					
Preferred Venue: Clayton or Wolverhampton Grammar School (please delete as appropriate)					
Telephone number of parent/guardian	Emergency phone number (if parents can't be contacted)		Mobile Phone	e mail	
Please details any medical conditions that the coaches should be aware of:					
Player nominated by:		of	(Club/School)		Email:
Nominated for County U13, U14, U15, U16, U17		District U10, U11, U12		Girls U11,U13,U15,17 (please circle as appropriate)	
Club Played for		Name of School & Post Code		Place of Birth	

Discipline for which player is nominated:

Batsman:	RH / LH [please circle]	Top / Middle / Lower Order [please circle]	Wicketkeeper:	Yes / No [please circle]
Bowler:	RA / LA [please circle]	Fast / Medium / Finger spin / Wrist spin [please circle]		

Playing Record 2009 Summer (U11-U13 must have played a minimum of 4 hardball matches). Please list top 5 performances

BATTING				BOWLING				
Date	Opponents	Player's Score	Team Score	Overs	Maidens	Wickets	Runs	Opponent's Score
1.								
2.								
3.								
4.								
5.								

Provide detail of previous County/District/Cricket Development Group Representation:



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What are this player's strengths? eg: opening bat, opens bowling, batting all rounder, high order bat etc. Also please explain briefly why you are nominating this player for a County trial:

Please score the aspects below 5 being excellent and 1 being low levels	Score
<u>Aptitude</u> [Includes technical ability and tactical awareness]	
<u>Attitude</u> [Includes concentration, self-confidence, decision-making, responsiveness to advice, response to pressure, leadership qualities]	
<u>Athleticism</u>	

Signature of ECBCA Coach:		Membership No of ECBCA Coach:	
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Club Coach to Note: Please ask the parents/guardians of the player to complete the following before returning the form to **Bob Askey, SCB, Himley CC, Stourbridge Road, Himley, DY3 4LB.**

In order to help the SYC monitor its players, which may also assist with future funding applications, please complete the following information where appropriate; *Ethnicity; eg: White, Irish, Mixed (White/Black Caribbean), Indian, Pakistani, Caribbean, African, Chinese or any other ethnic group, please indicate as appropriate*

- I give my consent that in an emergency situation, SCB may act *in loco parentis*, if the need arises for the administration of emergency first aid and / or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence that all reasonable steps will be taken to contact me or the alternative adult who I have named above.
- I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me above.

Data Protection
 SCB shall use the information provided on this form (together with other information it obtains about the player) to administer his/her cricketing activity. In some cases this may require SCB to disclose the information to County Boards, Leagues and to the England and Wales Cricket Board. In the event of a medical issue or child protection issue arising, SCB may disclose certain information to doctors or other medical specialists and/or to police, children's social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation.

By returning this completed form, I agree to my child in my care taking part in the SCB activities and that my child shall conform with SCB rules.

Signed Parent/Guardian		Date	
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