



Saracens Hertfordshire Premier Cricket League

Under 13 Player Consent Form 2021

Prior to being eligible to play in Open Age cricket

The minimum age for Open Age cricket is the County U13 age group.

Players must be in Year 8, and 12 years old on the 1st September of the preceding year (2020)

And must adhere to ECB Guidelines for Junior Players in open age cricket

And conditions outlined below

- The Parent/Guardian of an Under 13 must give written permission to their club / SHPCL for their child to be eligible to play cricket in the Saracens Hertfordshire Premier Cricket League.
- The club, prior to registering the player to play in SHPCL, must have received the completed form.
- The Completed Form is logged with the players club welfare officer, prior to playing first SHPCL match.
- The players date of birth is listed on SHPCL Registration site.
- This form must also be signed by either the under 13 players ECB CA Level 2 qualified (or higher) or Club Coach
- ***This is to verify that playing in Open Age cricket would enhance the player's development***
- The **COMPLETED FORM** to be sent to SHPCL League Registration officer and the Club's Welfare Officer should keep a copy of the written permission in a safe place
- SHPCL Committee may, in certain circumstances, ask clubs to provide evidence of a player's written permission.
- **County under 12 squad players from clubs in a First-Class County must request special permission to be registered from SHPCL Registration Secretary prior to registration.**

AN under 13 is NOT eligible to play in SHPCL PREMIER or CHAMPIONSHIP Divisions

Club: _____ Date: _____

Club Official verifying information:

Name: _____ Position: _____

PLAYER DETAILS

First Name: _____ Surname: _____

Nationality: _____ Date of Birth: _____

Level of Age Group Cricket to be played by player in 2021: _____

I give my permission to: _____ Cricket Club

For the above U13 player to play in the Saracens Hertfordshire Premier Cricket League 2021

Signed by Parent /
Guardian: _____ Date: _____

Name
(please print): _____ Tel No: _____

ECB CA Level 2 Coach or Level 2 Club Coach Signature confirmation:

Signed: _____ Date: _____

Name
(please print): _____ ECB Coach Qualification: _____

COPY OF THIS FORM TO BE KEPT BY PLAYERS CLUB WELFARE OFFICER