

WORCESTERSHIRE COUNTY LEAGUE

2010 TEAM SHEET

The completed sheet should be handed to the appointed Umpires before the toss. If no Umpires, the sheet should be exchanged with the opposing Captain. Each team sheet must be forwarded by the HOME team to the League Administrator with the Match Report Form by the **Wednesday** following the match.

PLEASE COMPLETE IN BLOCK CAPITALS.

Home Team

Away Team

V

Date :	Division : 1 2 3 4n 4s 5 6 7 8 9	Team : 1 2 3 4 5 6
Saturday / Midweek KO Cup		
Circle as appropriate		Circle as appropriate

Team sheet for : CC

Players'	Identify all players U - 19 and younger			Under 13s Consent Y/N
League	FIRST NAME	SURNAME	Age Group	
Reg.Nos.				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Scorer			
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Please mark * alongside name of Captain
Please mark † alongside name of Wicketkeeper

To be completed by the person responsible for the team and provided to the Umpires before the toss takes place:

I confirm and undertake on behalf of.....CC that :

Either - (a) There are no players under eighteen years of age in today's team.
Or - (b) In line with Club policy, all players under eighteen years of age in today's team will wear a helmet with a faceguard when batting or when standing up to the stumps when keeping wicket.

and - The ECB Fast Bowling Directives will apply to the players in today's team.

and - any player who was under 13 on 1st September last year has provided a written consent from their parents / carers to play in open age cricket.

I confirm that I am an authorised signatory on behalf of the Club and that I have read and understood the ECB safety guidance and the ECB Fast Bowling Directives.

Prior to the toss I have discussed with the Umpires the policy adopted by this Club with regard to the wearing of helmets and the age group of the young players taking part in this match.

The Club hereby agree to indemnify the Umpires from and against all actions, costs, claims and demands (including reasonable legal fees) and any other damage suffered or incurred arising from any infirmation contained in this document being incorrect.

Signed : Print Name :

Umpire Sign : Print Name :

Umpire Sign : Print Name :

The Umpires are to initial any alterations to the original team sheet.

Please tick