

JUNIOR / JUVENILE FORMATION TEAMS

As the Trainer, please ask the Parents/Guardians to sign below to verify the Date of Birth for the appropriate member of your team.

Please Tick Class:

Juv E7 Jun E7 Juv F Jun F1 Juv G Jun G1

Team Name: _____

Name of Child	Home Address	Date of Birth	Parent/Guardian Signature	Date

Signature of Trainer _____

Print Name _____

Date _____

I hereby verify that the above information is correct to the best of my knowledge.
Please note: Anyone found breaking the rule - the Team will be banned for 2 years.