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 Circle Class: E9 E9A F F1 F2 F3 G G1 G2 G3

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.