

# 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:

Juvenile

Junior

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.