

# 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.**