**Team Name:** …………………………………………………………………………….

**Team Manager Name (on the day):** ………………………………………………….

**Team Manager Contact Number/Email:**……………………………………………..

We wish to enter a team into the following age groups (please highlight):

**Ages as of 1st September 2019:**

U12’s: Under 12’s - players born after 01.9.2007 (school year 7 or below)

U14’s: Under 14's - players born after 01.9.2005 (school year 9 or below)

U16’s: Under 16's - players born after 01.9.2003 (school year 11 or below)

**Please ensure that young people in your team meet the age criteria – please help us and request players bring identification if you envisage the possibility of their age being questioned!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **DOB** | **Gender** | **Medical Details** |
| **Player 1** |  |  |  |  |
| **Player 2** |  |  |  |  |
| **Player 3** |  |  |  |  |
| **Player 4** |  |  |  |  |
| **Player 5** |  |  |  |  |
| **Player 6** |  |  |  |  |
| **Player 7** |  |  |  |  |
| **Player 8** |  |  |  |  |

**Signed:**

By signing this form, you are confirming that to the best of your knowledge the players are in the correct age category and that you and all other staff have read and accept our code of conduct.