|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name:** |  | | | | | **Region:** | **London & South East** | | |
| **Age Group:**  (please check one box) | U19 | U16 | U14 | U13 | U12 | **Kit Colours:** |  | & |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Playing Position** | **Name** | **D.O.B.** | | | **School Contact Address** |
| **1** | **GK** |  |  |  |  |  |
| **2** | **GD** |  |  |  |  |  |
| **3** | **WD** |  |  |  |  |  |
| **4** | **C** |  |  |  |  |  |
| **5** | **WA** |  |  |  |  |  |
| **6** | **GA** |  |  |  |  |  |
| **7** | **GS** |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  | **School Affiliation Number** |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **COACH** |  |  |  | | |  |
| **MANAGER** |  |  |  | | | **Phone:** |
| **PRIMARY CARE PERSON** |  |  |  | | |  |
| **TEAM OFFICIAL** |  |  |  | | | **Phone:** |
| **TEAM OFFICIAL** |  |  |  | | |  |
| **SCORER** |  |  |  | | |  |
| **EMERGENCY CONTACT** |  |  |  | | | **Phone:** |

|  |  |
| --- | --- |
| Coach to sign to confirm validity of information provided on this page |  |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Coach/Teacher) agree that all the players named above have given consent for close range photography for this competition. | |