

**National Schools – Lincolnshire County Round Registration Form**

School Name: Age Group: Region:

Kit Colours – Skirt: Shirt: / Dress: Bibs:

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

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.