



7-a-side COMPETITION TEAM SHEET

CLUB/SCHOOL:
Girls/Boys

Age Group:
Tier:

Shirt No^	Player's Name ~ (Forename & Surname)	D.o.B.

^ Please ensure this is the number to be worn at the event or leave blank if no shirt numbers.

~ Please indicate captain (C) and goalkeepers (GK).

Manager:		Coach:	
Captain:		Medical:	

I certify that the above players are eligible to play for this team in accordance with the current Rules & Regulations of the England Hockey National In2Hockey Clubs and England Hockey National In2Hockey Schools Championships.

I also confirm that I have obtained parental/guardian consent for each player listed to be photographed and that these photographs may be used by England Hockey for publicity purposes. All participating teams must obtain each player's parental/guardian permission to be at the event, their medical and emergency contact details, and that you have these with you at the event in case they are required.

Signed:

Position:

Date: