

# JUNIOR SQUAD TRAINING



DATE: \_\_\_\_\_

COACH: \_\_\_\_\_

LOCATION: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_

	<b>PLAYER NAME (Please Print)</b>	<b>PERSON RESPONSIBLE (Please Print)</b>	<b>CONTACT #</b>	<b>PARENT - SIGN IN*</b>	<b>PARENT - SIGN OUT</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

**\* I AGREE TO PLACE MY CHILD IN THE CARE OF THE DULY APPOINTED IRISH SQUASH COACH AND COLLECT AT THE APPOINTED TIME. PARENTS/GUARDIANS MUST SIGN THE PLAYER IN AND OUT.**