NORTH WEST COUNTIES Juniors ARL

HOME TEAM		AWAY TEAM
Team name	v	Team name
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	

NO CARDS NO PLAY

Please list Home and Away Teams in the boxes provided.
Include full names of all players participating not just initials.
Check card with player present and ensure name shown above.

DATE		AGE	
SCORE		Group	
Referee:		Signature:	

PRE-MATCH CHECKLIST	CARDS checked against player and team sheet	POST PADS	STUDS	JEWELLRY	

Please Rate how child focussed the experience was 1 Low 10 High

	Rules	Coaching	Touchline behaviour	Facilities post match arrangements	Overall
Home					
Away					

Serious injuries sustained during play - report to be submitted.

HOME TEAM		AWAY TEAM	
Touchline Manager		Touchline Manager	
Coach Name		Coach Name	
Coach ID Number		Coach ID Number	
Signature		Signature	
Assistant Coach Name		Assistant Coach Name	
ID Number		ID Number	

Confirm that there are no objections to photography/recording of the game. RFL policy does not allow children's images to be shared on any social media platform.

Home GDM signature		Home GDM signature	

Team sheets are the responsibility of the home team and must be emailed complete to teamsheets@nwc-rl.co.uk
Please check guidance notes for team administrators on www.nwc-rl.co.uk
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