



Assessment Application Form

Please complete the below form as accurately and as fully as possible in BLOCK CAPITALS.

Personal Details	
Name	
Surname	
Contact Number	
E mail Address	
Home Address & Post Code	
D.O.B.	
Height	
Weight	
Emergency Contact Name & Number	
Any Medical requirements	

Football Details	
Position/s	
Best Position	
Natural Foot	
Sporting Awards	

Team History	
Previous Clubs	
Current Team	
Coach Name & Number	

Educational History	(For scholarship requirements)
Secondary School	
Academic Grades	
College	
Academic Grades	

How did you hear about Football Trials?.....

Would you like to receive further information about upcoming events?

I have read & understood the Code of Conduct

Allow Use of Image

I acknowledge and accept that Football Trials or any agent's, individuals or associated companies are under no liability whatsoever in respect to personal injury, loss or damage however caused whilst in attendance.

I have read & understood the terms and conditions above

SIGN:

DATE: