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| --- | --- | --- | --- | --- | --- | --- |
| **Player Details** | | | | | | |
| **Name:** | | | | **D.O.B:** | | |
| **Address:** | | | | | | |
|  | | | | **Postcode:** | | |
| **Disability and Medical Details** | | | | | | |
| **Disability:** | **Cerebral Palsy** | | **Partially Sighted** | | **Deaf** | |
| **Learning Disability** | | **Amputee** | | **Blind** | |
| **Medical Details:** *(Please indicate any medical conditions we should be aware of)* |  | | | | | |
| **Age Group**  (for 2015/16 season) | **U13s**  (School Year 8) | **U14s**  (School Year 9) | | **U15s**  (School Year 10) | | **U16s**  (School Year 11) |
| **Current Club:** |  | | | | | |
| **School:** |  | | | | | |
| **Playing Position:** | **Goalkeeper** | **Defender** | | **Midfielder** | | **Forward** |
| **Parent/Guardian Details** | | | | | | |
| **Name:** |  | | | | | |
| **Email:** |  | | | | | |
| **Home Number:** |  | | | | | |
| **Mobile Number:** |  | | | | | |
| *I hereby give consent for my child to participate in the following activity. I acknowledge that the Wiltshire County FA Talent Identification Programme, its staff, or any facility, is under no liability in respect of injury, which may be sustained. I also note that photographs and video footage may be taken by authorised personnel for both marketing purposes and the County FA website.* | | | | | | |
| **Signed:** | | | | **Date:** | | |
| Please send your completed electronic trial form to Adam Greaney at [adam.greaney@wiltshirefa.com](mailto:adam.greaney@wiltshirefa.com)  Or send via post to:    Unit 2/3 Dorcan Business Village  Murdock Road ,  Swindon  Wiltshire  SN3 5HY  Telephone: 01793 486047  Mobile: 07956 212301 | | | | | | |