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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 Or send via post to: Unit 2/3 Dorcan Business Village Murdock Road ,SwindonWiltshireSN3 5HYTelephone: 01793 486047Mobile: 07956 212301 |