

BRISTOL ACADEMY

GIRLS CENTRE OF EXCELLENCE



BRISTOL
ACADEMY
of SPORT



Trials Registration Form 2010/2011

Please complete in BLOCK capitals

Full name of player:			
Address:			
	Postcode:		
Telephone Number:			
Date of Birth:		Age:	

The cut off date for age groups is 31st August.

Favourite Position:	
Clubs you currently play for:	
Managers Name:	
Managers Contact No:	

School Name:	
School Address:	
	Postcode:
Contact Teacher:	
School Phone No:	

Have you played for a Centre of Excellence before? <i>If yes please provide details:</i>	
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Parent / Carer please complete the following section:

Has the player, at any time, received an Anti-Tetanus injection? Yes / No

➤ If yes, please give appropriate date:

Is the player allergic to any medical treatment? Yes / No

➤ If yes, please give details:

Please state any other medical details you consider relevant:

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I am pleased to allow the above mentioned player to attend the Centre of Excellence assessment sessions, as allowed within the rule structure of the Football Association and in the event of an injury I give my consent for any immediate treatment, deemed necessary by a qualified first aider.

Signature of Parent / Guardian:

Signature of Player:

Date:

PLEASE RETURN TO SOPHIE DYER, CENTRE OF EXCELLENCE ADMINISTRATOR, BRISTOL ACADEMY OF SPORT, FULTON COLLEGE WISE CAMPUS, NEW ROAD, STOKE GIFFORD. BRISTOL BS34 8LP