



# GLoucestershire FA Disability Centre of Excellence

Trials Registration Form 2010/2011



I WISH TO ATTEND THE FOLLOWING TRIAL/S: Bristol 22<sup>nd</sup> June  GLOUCESTER 29<sup>th</sup> June

Please tick appropriate box

Full name of player:			
Address:			
	Postcode:		
Telephone Number:			
Date of Birth:		Age:	
Nature of Disability			
School Year 2010 / 2011:			

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

Favourite Position:			
Teams you play for:			

Have you played for a Centre of Excellence before?	
<i>If yes please provide details:</i>	

**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: .....

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: Paul Arnold, Gloucestershire FA Disability Centre of Excellence, C/O Active Gloucestershire, University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW.