

Girls Player Development Centre Player Application Form



Thank you for your interest in attending trials, for a place at the Worcestershire Girls Player Development Centre, on Monday the 19th and Wednesday the 21st September at University of Worcester. Please complete the form and submit to Worcestershire FA (marked PDC) at the address below **by Friday 9th September**. After the closing date for applications you will be notified by email and/or post to confirm all further details you will need to know. Please note applications must be submitted for a player to be considered, walk-ons on the day will not be permitted.

PLAYER ELIGIBILITY

Players may apply to attend the Centre as long as they meet at least one of the following criteria;

- Currently play for a Worcestershire FA Parent Affiliated Charter Standard Club
- Currently attend a School within the Worcestershire County boundary
- Live within the Worcestershire CFA Boundary

PLAYER DETAILS

Player Name:

Date of Birth: | |

Age Group U11 U13 U15
(Season 11/12)

Do you currently play club football? Yes No

If YES, which Club?

Signed Player:

CONTACT INFORMATION (to be completed by parent/carer)

Address:

.....

..... Post Code:

Home Number: Mobile number:

Email:

Emergency Contact name:

Emergency Contact number:

Emergency Contact e-mail

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MEDICAL

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 more detail

Please state any other medical details you consider relevant

What is your child's ethnic origin?

African Asian Bangladeshi Caribbean
Chinese Indian Pakistani White
Other

Do you consider your child to have a disability?

Yes No

If YES, what is the nature of the disability?

Physical Learning Visual Hearing

Please specify:

Further Information

Do you give permission for your child to be in promotional photographs or video footage recorded by Worcestershire FA? Yes No

I am pleased to allow the above-mentioned player to attend the Worcestershire Girls PDC trial(s), as allowed within the rule structure of the Football Association and in the event of an injury I give consent for any immediate treatment, deemed necessary, by a qualified physiotherapist/emergency aider or medical practitioner.

Name: Date:

Signed:
(Parent/carer)

This form must also be signed by your coach/manger if you play for a club

Signed (Coach/Manager): Date:

Print Name: