

# Girls Player Development Centre Trials Application Form



PLEASE BE MINDFUL AND REALISTIC IN THE NOMINATION OF PLAYERS FOR TRIALS, WE ARE NOT IN THE BUSINESS OF DISAPPOINTING PLAYERS UNNECESSARILY.

THANK YOU FOR YOUR INTEREST IN ATTENDING TRIALS, FOR A PLACE AT THE WORCESTERSHIRE GIRLS PLAYER DEVELOPMENT CENTRE, ON TUESDAY THE 14<sup>TH</sup> AND THURSDAY THE 16<sup>TH</sup> SEPTEMBER AT WORCESTER UNIVERSITY. PLEASE COMPLETE THE FORM AND SUBMIT TO LAURA COWLISHAW AT THE ADDRESS BELOW **BY 8<sup>TH</sup> SEPTEMBER.** AFTER THE CLOSING DATE FOR APPLICATIONS YOU WILL BE NOTIFIED BY EMAIL AND/OR POST ALL FURTHER DETAILS YOU WILL NEED. 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 attends a School within the Worcestershire County boundary

## PLAYER DETAILS

Player Name: .....

Date of Birth: ..... | ..... | .....

Age Group U10  U12  U14  U16   
(Season 10/11)

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 .....

## What is your child's ethnic origin?

African  Asian  Bangladeshi  Caribbean   
Chinese  Indian  Pakistani  White   
Other

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## MEDICAL

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

If YES, please give approximate 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 .....

.....

## 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

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.

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

Name: ..... Date: .....

Signed: .....  
(Parent/carer)

## This form must also be signed by **one** of the following people:

I confirm that this player is of suitable ability and/or has development potential to attend trials for the Girls Player Development Centre, and I understand that if successful they will be committing to a minimum of 10 weeks of weekly training.

Club Coach/Manager (Sign): ..... Date: .....

Print Name : ..... Club: .....

OR

School Teacher (Sign): ..... Date: .....

Print Name : ..... School: .....