|  |  |
| --- | --- |
| Team trialling with |  |
| School Year |  |

**Player’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | | |
| Surname |  | | |
| Date of birth |  | | |
| House Name / No. |  | | |
| Address |  | | |
|  |  | | |
| Town/City |  | | |
| County |  | Postcode |  |

**Contact details for primary carer (parent/guardian)**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Email Address |  | |
| Home Telephone |  | |
| Mobile Telephone |  | |

**Player’s experience of playing football e.g. played in garden, for a school team or club player**

|  |
| --- |
|  |

Please indicate any medical conditions your daughter has e.g. asthma, allergies or diagnosed behavioural issues.

Parents are responsible for ensuring that inhalers / epipens etc. are always available at training. Girls MUST NOT SHARE prescription medicines and may not be allowed to train / play without their inhaler.

Do you have a medical condition/allergy we need to be aware of?  Yes  No

|  |
| --- |
| Is yes, please give a brief description. |
|  |

I understand that Beecholme Belles FC takes responsibility for registered players during training sessions but we welcome parents / guardians to remain on site. Before and after the sessions, parents / guardians are responsible and the Club recommends that girls are escorted to and from pitch side at training sessions i.e. the Club takes no responsibility for girls dropped off or picked up in the car park.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | Print |  | **Parent /Guardian** |

|  |  |  |
| --- | --- | --- |
| Date |  |  |