



**Please complete form and give to official at the trial registration desk on the first day**

**Age Group Trialling for:**

**U/.....**

**PLAYER INFORMATION**

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Family Email address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

**Are you an existing Cumberland United Football Club player**                      **Yes / No**

Previous Football experience: (e.g. Club team, School, etc.)

2015 - .....

2014 - .....

	<b>Parent or Guardian 1</b>	<b>Parent or Guardian 2</b>
<b>Full Name</b>	_____	_____
<b>Email Address</b>	_____	_____
<b>Mobile Number</b>	_____	_____
<b>Occupation</b>	_____	_____
<b>Country of Birth</b>	_____	_____

Please advise of any current medical conditions you may have: .....

Cumberland United Football Club accepts no responsibility for any costs incurred from injuries. Claims and injury reports should be made to the FFSA. We recommend and advise that players have private medical insurance and ambulance cover. In the event of any emergency should the Club be unable to contact any of the above numbers, I give consent for the Club to obtain the necessary emergency treatment. I agree to abide by the rules of the Club as set out in the trial booklet that I have read.

**Signature of Parent or Guardian:**

**Date:**