

**DERBY COUNTY REGIONAL TALENT CLUB - TRIAL APPLICATION FORM FOR SEASON 2018/19**

|  |  |  |  |  |  |  |
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| **PLAYER DETAILS** | | | | | | |
| SURNAME |  | | | | FIRST NAME | |
| DATE OF BIRTH |  | | | | | |
| HOME ADDRESS  POSTCODE | | | | | | |
| TELEPHONE | | HOME: | | | MOBILE: | |
| EMAIL ADDRESS | |  | | | | |
| ELIGIBLE FOR | | U10’s U12’s U14’s U16’s (please circle) | | | | |
| PREFERRED PLAYING POSITION | |  | | | | |
| DOMINENT KICKING FOOT | |  | | SCHOOL YEAR ON 1ST SEPTEMBER 2018 | |  |
| **PLAYING EXPERIENCE – PLEASE LIST** | | | | | | |
| PLAYING EXPERIENCE AT INTERNATIONAL LEVEL | | | | | | |
| PLAYING EXPERIENCE AT FA ELITE PLAYER CAMP LEVEL | | | | | | |
| PLAYING EXPERIENCE AT FA REGIONAL TALENT CLUB LEVEL | | | | | | |
| PLAYING EXPERIENCE AT FA PLAYER DEVELOPMENT CENTRE LEVEL | | | | | | |
| PLAYING EXPERIENCE AT COUNTY SCHOOLS LEVEL | | | | | | |
| CURRENT CLUB | | | | | | |
| **ELIGIBILITY** | | | | | | |
| I confirm that the player in my care meets all the criteria required by the FA to trial for the Derby County Regional Talent Club  I acknowledge the right for Derby County staff to administer First Aid within the parameters to which they are qualified should my child be injured in any way.  I agree that video footage can be taken of my child during the trials for analysis purpose only | | | | | | |
| SIGNED | | | DATE OF APPLICATION | | PARENT/CARER/GUARDIAN  (Please circle) | |

**NO APPLICATIONS WILL BE CONSIDERED IF RECEIVED AFTER FRIDAY 1st JUNE 2018.**

**Please complete this form & return it by email to:** [**bryan.bennett.stc@gmail.com**](mailto:natasha.naqwi@googlemail.com)