##### gfa logogfa logo**Gloucestershire FA**

###### **Representative Team**

###### **Player Information Form**

###### **Please complete ALL sections and TICK which team you wish to play for and which trial date you will be attending**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| U18 Team |  | | U16 Team | |  | |
| Attending 4th August |  | | Attending 25th August | |  | |
| First Name (s) |  | | Surname | |  | |
| Date of Birth |  | | **PLACE OF BIRTH** | |  | |
| Full Postal Address |  | | | | | |
| Postcode |  | | Contact No. |  | | |
| Email Address |  | | | | | |
| Emergency Contact Details | Name:  Relationship to you:  Telephone Numbers:  Email Address: | | | | | |
| Any Relevant Medical History / Allergies / Medication |  | | | | | |
| Clubs Registered with (2019/20 Season) |  | | | | | |
| School / College  (If Applicable) |  | | | | | |
| Position (s)  Played |  | | | | | |
| Player Signature |  | Parent/ Carer Signature | | | |  |

**Safeguarding:** If you have any concerns relating to the welfare of U-18s or Vulnerable Adults, then please make your Designated Safeguarding Officer for the event aware as soon as possible. If you are unsure who your DSO is, then please ask any member of GFA staff.