**Cumberland FA U18 Trial Form**

**Please tick the date you will be attending**

|  |  |
| --- | --- |
| **Netherhall 22nd August 18** | **D Marks Carpets Stadium (Formerly Gillford Park) 12th September 18** |

|  |  |
| --- | --- |
| **Name of Trialist:** | **D.O.B:** |
| **Home Address:** | **Contact Number:** |
| **Emergency Contact Name:** | **Emergency Contact Number:** |
| **Preferred Position**  1)  2) | |
| **Known Medical Needs:** | |
| *If any please use this space to provide further details:* | |
| (Please delete as appropriate)  I give permission for my son to make his own way there and back to the trials.  I will be bringing my son and collecting him from the above site. | |

*I give consent for the above named child to take part in the Cumberland FA U18 trials taking place at Netherhall School on I understand that by giving consent to this my son will be under the supervision of the Cumberland FA staff with their welfare being managed under Cumberland FA’s safeguarding children policy.*

Print Name……………………….. Signed Name:…………………………………. Date…………

Designated Safeguarding Officer: Gillian Shields 07458 043681

Deputy Designated Safeguarding Officer: James Reid 07918 083637