

Cumberland FA U18 Trial Form



Please tick the date you will be attending

19:00 – 21:00	18:00 – 20:00
Name of Trialist:	D.O.B:
Home Address:	Contact Number:
Emergency Contact Name:	Emergency Contact Number:
Current Club:	
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 wa	y 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 policies and I understander the supervision of the Cumberland FA staff was Cumberland FA's safeguarding children policy.	, 5 5
Print Name Signed Na	nme: Date
Decignated Safaguarding Officer: Mol Sandwith 01	000 511900

Designated Safeguarding Officer: Mel Sandwith 01900 511800 Deputy Designated Safeguarding Officer: James Reid 07918 083637