



Suffolk Police League Player Referral Form



Player Information

Name of Player			
Player Date of Birth			
Gender (please circle/state)	Male	Female	Other _____
Please state if English isn't the first language of player, if not please state			
Parent/Guardian Name			
Parent/Guardian Email			
Parent/Guardian DOB (required to register player)			
Address of Player			
Parent/Guardian Phone Number			
2 nd Next of Kin Name			
2 nd Next of Kin Phone Number			
School or Educational Provider			
Referred by (Name)			
Referred by (Email)			
Referred by (Contact Number)			
Referred by (Organisation)			

Background Information

Brief Overview of Player, including any history we should be aware of
Any medical details or allergies we should be aware of?
Any know risk we should be aware of?



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Please confirm if consent is given for photos to be taken and used appropriately through Suffolk FA website and social media channels associated with the county and league? (please circle)

Yes

No

Off-Field Opportunities

As part of the league there will be opportunities for participants to gain qualifications/experience in different areas from Coaching, Refereeing, Leadership and many others. What would the participant be interested in doing away from the pitch to either gain experience or a qualification in? Any ideas to assist us in off-field opportunities would be great for us to provide these to our participants.

Please return completed form either by post to

Suffolk FA
Bill Steward House
The Buntings
Stowmarket
Suffolk
IP14 5GZ

or via email on

suffolkpoliceleague@gmail.com