Please complete the trial form and provide to club administration at the registration desk at the first trial session.

Age Group Trialling for: U/

PLAYER INFORMATION

Name: _____

Date of Birth: _____

Street Address: _____

Suburb: _____ Post Code: _____

Family Email address: _____

Player Country of Birth: _____

Dominant Foot: **LEFT / RIGHT**

Are you an existing Cumberland United Football Club player YES / NO

If not, provide previous FSA club...……..

Or provide school team ……..……

If not, do you have a sibling currently at the club **YES / NO**

If yes, player name and 2020 age group ...…….. ……..…

	Parent/Guardian 1	**Parent/Guardian 2**
Full Name	_____	_____
Mobile Number	_____	_____

Please advise of any current medical condition's you son/daughter may have that may impact on their trial performance:

……

Cumberland United Football Club accepts no responsibility for any costs incurred from injuries during the trial period. As a club we recommend and advise that players have private medical insurance and ambulance cover. In the event of any emergency should the Club be unable to contact any of the above numbers, I give consent for the Club to obtain the necessary emergency treatment. I acknowledge the Club has made available to myself information with respect to the trial process and upcoming season.

Signature of Parent or Guardian:

Date: