



SWWFC OPEN AGE TRIAL REQUEST FORM 2011/12

Please complete and return to – SWWFC@SKY.COM or Sheffield Wednesday Women FC, Sandy Lane Stadium, Sandy Lane Ind Estate, Sandy Lane, Babbage Way, Worksop, S80 1UJ.

Player's First Name.....Surname.....

Address.....

.....Postcode.....

Home Telephone No.....E-mail Address.....

Mobile Telephone No.....

Player's Date of Birth.....Player's Place of Birth.....

Current Team.....

Previous Clubs:.....

ADDITIONAL INFORMATION:

Foot preference

- Left footed
- Right footed
- Both

Please circle best position (one only)

GK			
RB	RCB	LCB	LB
RW	RCM	LCM	LW
RCF		LCF	

Height cms.....

Weight kgs.....

SWWFC MEDICAL FORM



MEDICAL CONSENT / CONTACT ADDRESS FORM

Date of Birth.....

Name.....

Address.....

.....Postcode.....

Contact in case of emergency - Name.....

Telephone No. Relationship to player

General practitioner's name, address & telephone number.....

Allergies.....

Medication taken regularly

Serious illnesses.....

Broken bones/fractures.....

Serious Surgeries

Past injuries keeping you off training for more than 2 weeks – e.g. left side hamstring strain

Substantial Physiotherapy Treatment within last 2 years.....

I agree to the medical representative of SWWFC administering first aid to me or accompanying me to the hospital in case of emergency.

DATE..... SIGNED..... PRINT.....