



U9 – U18: TRIAL APPLICATION 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.....

Mother/Guardian – Miss/Mrs First Name.....Surname.....

Daytime Contact.....E-mail Address.....

Father/Guardian – First Name.....Surname.....

Daytime Contact.....E-mail Address.....

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

School Year Group 2011/2012.....Age Group – Season 2011/2012 - Under.....

School / College attended

Current Team.....

Foot preference Please circle best position (one only)

Left footed

Right footed

Both

GK			
RB	RCB	LCB	LB
RW	RCM	LCM	LW
RCF		LCF	

Height cms.....

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.....

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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

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

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I agree to the medical representative of SWWFC administering first aid to my daughter and/or accompanying her to the hospital in case of emergency.

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