

Player Development Open Trial registration Form 2019/20 season

Childs Name:	
Emergency No: 1)	2)
Email Address:	
Age (school Year in September 2019): Under ()	
Any Medical requirements we should be aware off:	
Current Club:	
Preferred Playing Position:	
Playing History:	
How did you hear about the Trial:	

Players must bring plenty of drink and suitable footwear for astro and grass

Cost: £30.00 How Paid CC Paid POD Cash/Cheque

General Data Protection Regulation (GDPR)

I just wanted you to all be aware what we do with the data your provide us. We will keep this save and secure for the duration of your child's five week trial so we have any medical information and emergency contact details. Hopefully after the five weeks they will want to sign up for the 2019/20 season and we will ask you to fill in the Player Pack. However if they choose not to sign up all your details will be destroyed. This data will only been seen by SBitC staff and will not be passed on to any third parties including the football club. On completing this form please can you tick the boxes below that you are happy for us to have this data while with us?

<input type="checkbox"/>	Tick this box if you are happy for of the above-mentioned player featuring in photographs or videos.
<input type="checkbox"/>	Tick this box if you are happy for SBitC to contact you via the contact details provided.

