



Trials Application Form



Season 2019/20

PLEASE COMPLETE IN BLOCK CAPITALS

Child's First Name.....Surname:.....

Address:.....

Postcode:.....Home Tel. No.....

Contact 1 Name.....Mobile 1 No.....

E-mail 1 No.....Relationship to Child.....

Contact 2 Name.....Mobile 2 No.....

E-mail 2 No.....Relationship to Child.....

Gender: Male Female

Age: _____ Date of Birth: ____/____/____

(A Birth Certificate will be requested as proof by the League Secretary.)

Usual Playing Position:.....

Kicks Best with which Foot: Left Right Both

OFFICE USE ONLY	
Lg Age:	Trial No.:
ID checked:	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Juniors	<input type="checkbox"/> Bantams
Wk: 1 2 3 4	
TEAM:	_____

Shoe size:.....Chest size: Current School Attended:

Siblings at Clapham Little League Name:..... .. Team:..... .. Relationship:.....

Does your child have any existing medical condition that could be affected by playing football? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give details on reverse.
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I, the parent/guardian of the above candidate for a position with a Little League Football Team, herewith give my approval to his/her participation in any and all Little League Football activities.

I do not hold the organisers responsible for any claim arising out an injury to my son/daughter, except to the extent and in the amount covered by any Personal Accident Insurance Policy arranged by Little League Football. I agree to return upon request sportswear and other equipment issued to my son/daughter in as good a condition as when received except for normal wear and tear. At times Clapham Little League may wish to take photos or videos of the team or individuals in it and publish them on the website or social media. We adhere to The FA Guidelines to ensure these are safe and respectful and used solely for the purposes for which they are intended, which is promotion and celebration of the activities of the Club and for training purposes. Childrens' names will never be associated with pictures or video. If you do not accept this policy, and wish your child not to appear in pictures or videos, please tick the following box

I understand that I need to pay a £65.00 donation for the season (£45.00 for siblings). Payment can be made by Bacs (Sort Code: 40-02-16, Account No: 22 22 89 12, please write your child's name as a reference) cheques, payable to CLAPHAM LITTLE LEAGUE FOOTBALL CLUB (write the child's name and surname on the back of the cheque) or cash. Cash payment should be made to our Treasurer. I understand that the registration fee is non-refundable.

By signing this form, you agree to the Clapham Little League Terms and Conditions.

Parent/Guardian's Name and Surname in Capital Letters: _____

Parent/Guardian's Signature: _____ Date _____