



## Gloucestershire FA Representative Team Player Information Form



**Please complete ALL sections and TICK which team you wish to play for and which trial date you will be attending**

U18 Team		U16 Team	
Attending 19 <sup>th</sup> August		Attending 9 <sup>th</sup> September	
First Name (s)		Surname	
Date of Birth		<b>PLACE OF BIRTH</b>	
Full Postal Address			
Postcode		Contact No.	
Email Address			
Emergency Contact Details	Name:  Relationship to you:  Telephone Numbers:  Email Address:		
Any Relevant Medical History / Allergies / Medication			
Clubs Registered with (2018/19 Season)			
School / College (If Applicable)			
Position (s) Played			
Player Signature		Parent/ Carer Signature	

**Safeguarding:** If you have any concerns relating to the welfare of U-18s or Vulnerable Adults, then please make your Designated Safeguarding Officer for the event aware as soon as possible. If you are unsure who your DSO is, then please ask any member of GFA staff.