|  |  |  |  |
| --- | --- | --- | --- |
| **Dates and Age Groups** | Thursday 6th December 2018 5pm-6.30pm | **U11** | Born between 1st September 2007 and 31st August 2008 |

|  |  |
| --- | --- |
| **NAME OF CURRENT CLUB/S** |  |
| **PREVIOUS CLUBS (IF ANY)** |  |

|  |  |  |
| --- | --- | --- |
| **Player’s name**  | **First name** | **Surname** |
|   |   |
| **Address** |  |
| **Postcode** |  |
| **Date of birth** |  |
| **Parent Name** |  |
| **Parent contact details** | **Email** |  |
| **Mobile** |   |

|  |
| --- |
| **Favoured Playing Position**  |
| **1st choice**  |   |
| **2nd choice**  |  |

|  |
| --- |
| **MEDICAL INFORMATION** |
| **Any Known medical conditions? / Any medical needs? / Any history of injury?** |
|  |

Please return to Mark Read, Foundation Phase Lead by email to mark.read@rochdaleafc.co.uk **no later than** Tuesday 4th December 2018

**\*\*\***PROOF OF AGE FOR NAMED PLAYER **MUST BE PROVIDED** WITH THIS FORM (BIRTH CERTIFICATE OR PASSPORT), OTHERWISE, YOUR APPLICATION TO ATTEND TRIALS WILL NOT BE ACCEPTED**\*\*\***