



THE FOOTBALL ASSOCIATION OF WALES Ltd ACADEMY TRIAL REGISTRATION FORM (JA3)



SECTION A – PLAYER’S DETAILS

This section **MUST** be completed **IN FULL** in **BLOCK CAPITALS ONLY**:

Given Forename(s):-	Surname:-	
Name of previous <u>ACADEMY/JUNIOR CLUB & COUNTRY</u> for which you were registered:-	Date of Birth:-	Nationality:-

Any player currently registered with an FAW Academy is not eligible to participate in a Trial for another Academy

Current Postal Address:- Post Code:-	Name of Current Junior Club:-	Place of Birth (Town & Country):-
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The FAW is committed to safeguarding the privacy of your personal information. All the personal information supplied on this form will be held in accordance with the Data Protection Act 1998. The purposes for which your personal information will be held are detailed in the FAW CRM Portal Privacy Policy which can be obtained from your Club Secretary, or via www.faw.org.uk, or by request made to the FAW on (02920) 435830. By signing this form you confirm:-

1. You are the parent / guardian of the above named child.
2. You have read and understand the FAW CRM Portal Privacy Policy.
3. You consent to your child's personal information being held on and being shared in accordance with the CRM Portal Privacy Policy

I hereby consent for my child to be registered as a Trial Player for the Academy detailed below.

Name of Academy:-	Age Group (Please Circle):- <div style="display: flex; justify-content: space-around; text-align: center;"> U10 U11 U12 U13 U14 U15 U16 </div>
Start Date of Trial Period:- <div style="text-align: center; color: grey;">DD/MM/YYYY</div>	End Date of Trial Period:- <div style="text-align: center; color: grey;">DD/MM/YYYY</div>

Please note that a Trial may only take place for a maximum period of six weeks.
Please note that an academy may have a maximum of three players on trial at any one time.

SECTION B – PARENT/GUARDIAN DETAILS & SIGNATURES

This section **MUST** be completed **IN FULL** in **BLOCK CAPITALS ONLY**:

Parent/Guardian Full Name:-			
Parent/Guardian Signature:-	Player's Signature:-		
Date of Parent/Guardian Signature:-	Date of Player's Signature:-		

SECTION C – CLUB DETAILS

This section **MUST** be complete **IN FULL** by the Club Secretary in **BLOCK CAPITALS ONLY**:

Secretary's Name:-	Current Postal Address:- Post Code:-
Secretary's E-mail Address:-	Secretary's Signature:- Date of Secretary's Signature:-

THE ACADEMY DIRECTOR MUST ENSURE THIS TRIAL REGISTRATION FORM IS SENT TO THE FAW FOR PROCESSING



THE FOOTBALL ASSOCIATION OF WALES Ltd

PLAYER INFORMATION FORM (CLUB USE ONLY)



Please note the Player Information Form is for club use only and does not need to be submitted to the FAW as part of the player's registration. Furthermore, please note that the completion or non-completion of the Player Information Form has no impact on the player's registration.

SECTION 1- PLAYER DETAILS

This section may be completed by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY:**

Player's Full Name:-	Player's Date of Birth:-	Player's Age Group:-
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SECTION 2- MEDICAL DETAILS

This section may be completed by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY:**

Player's Medical Information & Injury History:-

Name & Address of Player's Doctor:-

SECTION 3 – EMERGENCY CONTACTS

This section may be completed by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY:**

Father's Full Name:-	Mothers Full Name:-
Father's Daytime Contact Number:-	Mothers Daytime Contact Number:-
Father's Evening Contact Number:-	Mothers Evening Contact Number:-
Father's Email Address:-	Mothers Email Address:-

SECTION 4 – PLAYING INFORMATION

This section may be completed by the Player's Parent/Guardian in **BLOCK CAPITALS ONLY:**

Player's First Preferred Playing Position:-	Player's Second Preferred Playing Position:-	
Player's Least Preferred Playing Position:-	Player's Playing Strengths:-	Player's Playing Weaknesses:-