

## THE FOOTBALL ASSOCIATION OF WALES Ltd 2017 – 2018 ACADEMY TRIAL REGISTRATION FORM (JA3)



| <u>SECTION A – PLAYER'S DETAILS</u>                                                                                                                                                                                                     |                                                                                          |                                                 |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|--|--|--|
| This section MUST be completed IN FULL in BLOCK CAPITALS ONLY:                                                                                                                                                                          |                                                                                          |                                                 |  |  |  |  |  |  |
| Given Forename(s):-                                                                                                                                                                                                                     | Surname:-                                                                                |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
| Name of previous ACADEMY/JUNIOR CLUB & COUNTRY for which you                                                                                                                                                                            | Date of Birth:-                                                                          | Nationality:-                                   |  |  |  |  |  |  |
| were registered:-                                                                                                                                                                                                                       |                                                                                          |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
| *Any player currently registered with an FAW Academy is not eligible to participate in a Trial for another Academy*                                                                                                                     |                                                                                          |                                                 |  |  |  |  |  |  |
| Current Postal Address:-                                                                                                                                                                                                                | Name of Current Junior Club:-                                                            | Place of Birth (Town & Country):-               |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
| Post Code:-                                                                                                                                                                                                                             |                                                                                          |                                                 |  |  |  |  |  |  |
| 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 a<br>Secretary, or via <u>www.faw.org.uk</u> , or by request made to the FAW on (02920) 435830.                                                      |                                                                                          | acy Policy which can be obtained from your Club |  |  |  |  |  |  |
| 1. You are the parent / guardian of the above named child.                                                                                                                                                                              |                                                                                          |                                                 |  |  |  |  |  |  |
| 2. You have read and understand the FAW CRM Portal Privacy Policy.                                                                                                                                                                      | accordance with the CPM Portal Privac                                                    | u Policy                                        |  |  |  |  |  |  |
| 3. You consent to your child's personal information being held on and being shared in accordance with the CRM Portal Privacy Policy<br>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):-                                                              |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         | U10 U11 U12                                                                              | U13 U14 U15 U16                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
| Start Date of Trial Period:-<br>DD/MM/YYYY                                                                                                                                                                                              | End Date of Trial Period:-<br>DD/MM/YYYY                                                 |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
| Please note that a Trial may only take place for a <u>maximum period of six weeks</u> .                                                                                                                                                 |                                                                                          |                                                 |  |  |  |  |  |  |
| Please note that an academy may have a max                                                                                                                                                                                              |                                                                                          |                                                 |  |  |  |  |  |  |
| <u>SECTION B – PARENT/GUAR</u><br>This section <b>MUST</b> be completed                                                                                                                                                                 |                                                                                          |                                                 |  |  |  |  |  |  |
| This section <u>MUST</u> be completed <u>IN FULL</u> in <u>BLOCK CAPITALS ONLY:</u>                                                                                                                                                     |                                                                                          |                                                 |  |  |  |  |  |  |
| Parent/Guardian Full Name:-                                                                                                                                                                                                             |                                                                                          |                                                 |  |  |  |  |  |  |
| Depart (Quanding Circulture)                                                                                                                                                                                                            | Discourse Circustomer                                                                    |                                                 |  |  |  |  |  |  |
| Parent/Guardian Signature:-                                                                                                                                                                                                             | Player's Signature:-                                                                     |                                                 |  |  |  |  |  |  |
| Data of Denset (Constitution Construction                                                                                                                                                                                               |                                                                                          |                                                 |  |  |  |  |  |  |
| 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:                                                                                                                                                     |                                                                                          |                                                 |  |  |  |  |  |  |
| Academy Administrator's Name:-                                                                                                                                                                                                          | Current Postal Address:-                                                                 |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         | Post Code-                                                                               |                                                 |  |  |  |  |  |  |
| Please provide an active email address:-                                                                                                                                                                                                | Post Code:-<br>Recognised Signatory (Secretary or equivalent / Chairman or equivalent):- |                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                         | J                                                                                        |                                                 |  |  |  |  |  |  |
| Date:-                                                                                                                                                                                                                                  |                                                                                          |                                                 |  |  |  |  |  |  |
| THE ACADEMY DIRECTOR MUST ENSURE THIS TRIAL REGISTRATION FORM IS SENT TO THE FAW FOR PROCESSING                                                                                                                                         |                                                                                          |                                                 |  |  |  |  |  |  |



## THE FOOTBALL ASSOCIATION OF WALES Ltd ACADEMY PLAYER INFORMATION FORM (<u>CLUB USE ONLY</u>) <u>PRIVATE & CONFIDENTIAL</u>



Please note this non-mandatory form is for <u>CLUB USE ONLY</u> and must not be submitted to the FAW as part of the player's registration. Furthermore, please note that the completion or non-completion of this form has no impact on the player's registration.

| SECTION 1- PLAYER DETAILS<br>This section may be completed by the Player's Parent/Guardian in <u>BLOCK CAPITALS ONLY</u> :                                                                                                                                    |                     |                              |                                                                                               |                               |  |                     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------|--|---------------------|--|--|
| Player's Full Na                                                                                                                                                                                                                                              | me:-                | Player's Date of Birth:-     |                                                                                               | Player's Age Group:-          |  |                     |  |  |
| SECTION 2- MEDICAL DETAILS<br>This section may be completed by the Player's Parent/Guardian in BLOCK CAPITALS ONLY:                                                                                                                                           |                     |                              |                                                                                               |                               |  |                     |  |  |
| Player's Medical Information (including medication & allergies) & Injury<br>History:-                                                                                                                                                                         |                     | yer s Par                    | Has the player ever been diagnosed as having a concussion? If yes, how many times and when? - |                               |  |                     |  |  |
| Name & Address of Player's Doctor:-                                                                                                                                                                                                                           |                     |                              | Does the player have a heart condition? If yes, what is the condition? -                      |                               |  |                     |  |  |
| SECTION 3 – EMERGENCY CONTACTS<br>This section may be completed by the Player's Parent/Guardian in BLOCK CAPITALS ONLY:                                                                                                                                       |                     |                              |                                                                                               |                               |  |                     |  |  |
|                                                                                                                                                                                                                                                               | Parent / Guardian 1 | Parent / Guardian 2          |                                                                                               | Emergency Contact             |  | Emergency Contact 2 |  |  |
| Name:-                                                                                                                                                                                                                                                        |                     |                              |                                                                                               |                               |  |                     |  |  |
| Relationship:-                                                                                                                                                                                                                                                |                     |                              |                                                                                               |                               |  |                     |  |  |
| Mobile<br>Telephone:-                                                                                                                                                                                                                                         |                     |                              |                                                                                               |                               |  |                     |  |  |
| Home<br>Telephone:-                                                                                                                                                                                                                                           |                     |                              |                                                                                               |                               |  |                     |  |  |
| Email<br>Address:-                                                                                                                                                                                                                                            |                     |                              |                                                                                               |                               |  |                     |  |  |
| SECTION 4 – PLAYING INFORMATION<br>This section may be completed by the Player's Parent/Guardian in <u>BLOCK CAPITALS ONLY</u> :                                                                                                                              |                     |                              |                                                                                               |                               |  |                     |  |  |
| 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:- |  |                     |  |  |
| The above information is <u>PRIVATE &amp; CONFIDENTIAL</u> and is to be retained for the <u>Academies Use Only</u> . The Academy must ensure that the information contained within is to be stored securely and must not be to shared with any third parties. |                     |                              |                                                                                               |                               |  |                     |  |  |
| Please ensure that the information above is safely destroyed at the point the player ceases to be registered with the academy (e.g. cancels registration, trial period ends or does not re-register the following season)                                     |                     |                              |                                                                                               |                               |  |                     |  |  |