|  |  |
| --- | --- |
| **NAME:**  |  |
| **Age** |  | **Address:** |  |
| **DOB:** |  |
| **Current Position:** |  |
| **Other Positions:** |  | **Home No:** |  |
| **Weight:** |  | **Player Mobile No:** |  |
| **Height:** |  | **Parent Mobile No:** |  |
| **Player Email:** |  | **Parent Email:** |  |
| **Any injuries (recent or past) or allergies etc that Coaches need to be made aware of? Please give your GP’s details** |
|  |
| **Have you been in the D&W programme previously to this trial (ie D&W U16’s). If you have/are part of an Academy, DPP or PDG programme, please give details below and a contact name and number (Manager/Coach). Please give dates when selection was made and if you have since left.** |
|  |
| **We would appreciate your feedback to what the player’s expectations are whilst being part of D&W programme. (Any suggestions will be considered)** |
| *ADDITIONAL INFORMATION -* |