



GIRLS' CENTRE
OF EXCELLENCE
2008-09

LINCOLN CITY F.C. GIRLS CENTRE OF EXCELLENCE

Sincil Bank Stadium, Lincoln LN5 8LD

Telephone: 01522 563792

Email: girlscofe@redimps.com



Open Trials Registration Form

U14's, U16's Saturday 14th June 2008

U10's, U12's Sunday 15th June 2008

AGE GROUP CRITERIA

U14's - 12 or 13yrs by midnight 31.08.08

U10's - 8 or 9yrs by midnight 31.08.08

U16's - 14 or 15yrs by midnight 31.08.08

U12's - 10 or 11yrs by midnight 31.08.08

Player Details

Name..... Age Group (*please circle*) U10 U12 U14 U16

Date of Birth..... Height.....

Address..... Postcode.....

Home Number..... Alternative Number.....

Parents email

Any medical conditions, allergies etc.

Any medication taken now? YES/NO (*please state*).....

Name of School..... School Year.....

School Address.....

Football Playing History (if any)

School Team.....

Club Team..... Managers Name.....

Preferred Playing Position.....

Consent to medical treatment on the day

In the event of any injury/accident occurring whilst the player is under our supervision, it may be important to ensure appropriate treatment is given immediately. To enable this to happen, please sign the statement below. Every effort will be made to contact you, as soon as possible, in these circumstances.

I, the undersigned, give consent for appropriate medical treatment for my daughter.

Signed..... Print Name.....

Players Name..... Date.....

Please return completed form by **11th June 2008** to: Richard Cooper, Girls Centre of Excellence Director. Lincoln City Football Club, Sincil Bank Stadium, Lincoln. LN5 8LD