

Lincoln City Youth Academy

U16 OPEN TRIAL EVENT 2024 **REGISTRATION FORM**

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| --- | --- | --- | --- |
| Player surname |  | Player first name |  |
| Current age group |  | Date of birth |  |
| Current club/previous Academy clubs |  |
| Preferred playing position(s) |  |
| Parent/guardian name |  |
| Address |  |
| Town/city |  | Postcode |  |
| Contact telephone |  | Post GCSE preferred area of study: |  |
| Contact email |   | Predicted GCSE Results (inc. English & Maths): |  |
| Any relevant medical information: |  |

The information contained in this form will not be shared with any third parties.

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**www.lincolncityyouthacademy.co.uk**