

SCUNTHORPE UNITED ACADEMY
TALENT IDENTIFICATION
PLAYER INFORMATION DETAILS



Name of Player: _____ Preferred Playing Position 1: _____

Age Group (2019-2020 Season): _____ Preferred Playing Position 2: _____

Date of birth _____

Day of Session: _____

Date of Session: _____

Time of Session: _____

Home Address: Post Code:

Have you ever had trials with a professional football club academy before today - if so which club and when and at which age group? _____

Have you ever had a trial with Scunthorpe United academy before, if so when and at which age group?

Medical Conditions: (It is important that you inform us of any medical conditions before attending) <ul style="list-style-type: none">• Have you ever had a serious injury? • Do you have any family hereditary medical conditions?
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Parent/ Guardian Contact Details Mobile Number: _____

Contact Name: _____ Contact Email: _____

Relationship to Player: _____

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Junior League Grass Roots Team: _____ U/_____

Grass Roots Team Manager Name: _____

Grass Roots Manager Telephone Number: _____ Email Address _____

GDPR: We will only use personal information for any purpose for which it has been specifically provided and is stored in accordance with the Academy's privacy policy. This is available on request from: datacontroller@scunthorpe-united.co.uk		
I authorise SUFC Academy to hold the details provided by me on this enrolment form		
Name Parent:	Signature:	Date:
Name Player:	Signature:	Date: