

**SCUNTHORPE UNITED ACADEMY  
TALENT DAY  
PLAYER REGISTRATION DETAILS**



Name of Player:

Preferred Playing Position 1:

Age Group (2020-21 Season): U/

School Year (in Sept 2020) (EG Y3) Year

Date of birth:

Home Address & postcode:

Date of Talent Day you are attending:

Time of Session:

Have you ever had an official trial with a professional football club academy or Scunthorpe United Academy - if so, please state which club and when and at which age group?

**Medical Conditions:** (It is important that you inform us of any medical conditions before attending)

Do you have any medical conditions or any family hereditary medical conditions?

Have you ever had a serious injury / illness?

Contact 1 - Parent/Guardian

*(Please state relationship to player here)*

Contact Name:

Landline number

Mobile Phone Number

Email:

Contact 2 - Parent/Guardian

*(Please state relationship to player here)*

Contact Name:

Landline number

Mobile Phone Number

Email:

Please state the name of the person who will be coming with the player and who is responsible for the player on the day

**Please complete this section if you play for a grassroots team**

Name of Grass Roots Team:

U/

Grass Roots Team Manager Name:

Grass Roots Team Manager Mobile:

Email

**Please complete this form in full and return it by email to:**

**(U7s to U11s)**      [lee.rostron@scunthorpe-united.co.uk](mailto:lee.rostron@scunthorpe-united.co.uk)

**(U12s to U14s)**      [rick.passmoor@scunthorpe-united.co.uk](mailto:rick.passmoor@scunthorpe-united.co.uk)

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](mailto: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: