

SCUNTHORPE UNITED ACADEMY

TALENT IDENTIFICATION PLAYER INFORMATION



Name of Player: _____

Preferred Playing Position 1: _____

Age Group (2019-2020 Season): _____

Preferred Playing Position 2: _____

School Year (2019-2020 Season) _____

Day of Session: _____

Date of Session: _____

Time of Session: _____

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

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

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

Parent/ Guardian Contact Details MOBILE NUMBER:

Contact Name: _____

Contact Email: _____

Relationship to Player: _____

Junior League Details Grass Roots Team: _____

Grass Roots Manager: _____

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: Date:	Signature:
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Name Player: Date:	Signature:
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Grass Roots Manager Telephone Number: _____