



# Capital Football Academy Player Trial Nomination Form 2008

All information on this sheet is confidential  
Access will be limited to squad staff and Capital Football officials  
only.



## Personal and Family Details

Surname ..... First Name.....  
Address .....  
Home Phone..... Date of Birth .....  
Email Address .....  
Mother's Name ..... Father's Name .....  
Alternative Contact Numbers.....  
School ..... Club .....  
Club Position..... Best Position.....  
Age Group Which You Are Trialling (e.g. 'Mercury' Squad Girls) .....  
Age Group You Are Eligible For (e.g. 'Mercury' Squad Girls) .....

## Medical Details

Please list any regular medications.....  
Please list any allergies we need to be aware of.....  
Are there any past injuries still affecting your performance?     No     Yes - if 'Yes' please specify  
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**PLEASE NOTE:** Academy and Capital Football staff are not allowed to transport injured or ill players for medical treatment under any circumstances.

All transport is to be performed by the appropriate ambulance services in the appropriate State or Territory and any associated costs must be paid by the player or their parent / guardian.

## Signature:

Either:

I am over 18 and to the best of my knowledge all information contained in this profile is correct.

Signature ..... Date.....

Or

I give permission for my child to take part in the Capital Football Academy trials and declare that to the best of my knowledge all information contained in this profile is correct

Signature..... Date.....

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