



**Gérard School
of Football^{Ltd}**

Learn To Play The GSF Way

Thank you for your enquiry regarding a trial at our Academy. Please can you fully complete this form and return it by post to **Gérard School of Football Ltd, The Enterprise Centre, The University of Hull, Cottingham Road, Hull, HU6 7RX**. You will be notified by post or by phone if you have been successful with your application.

PLEASE USE BLOCK CAPITALS & ENSURE YOU COMPLETE THE WHOLE FORM

PLEASE USE BLOCK CAPITALS & ENSURE YOU COMPLETE THE WHOLE FORM	
FULL NAME: _____	AGE GROUP: _____
PARENT'S NAME(S): _____ / _____	
FULL ADDRESS: _____	
_____ POST CODE: _____	
TELEPHONE-HOME: _____	MOBILE: _____
DATE OF BIRTH: ____/____/____	AGE: _____ YEAR AT SCHOOL: _____
HEIGHT (cm): _____	WEIGHT (kg): _____
RELEVANT MEDICAL CONDITIONS: _____ _____	

SCHOOL: _____	HEAD TEACHER: _____
FULL ADDRESS: _____	
_____ POST CODE: _____	
TELEPHONE-HOME: _____	FAX: _____
PE TEACHER: _____	TELEPHONE: _____

BEST PLAYING POSITION: _____	PREFERRED FOOT: LEFT / RIGHT / BOTH (RING AS APPROPRIATE)
HIGHEST LEVEL PLAYED: _____	DATES: _____
BRIEF PLAYING HISTORY: _____ _____	
HAVE YOU EVER BEEN REGISTERED / ON TRIAL WITH AN ACADEMY / CENTRE OF EXCELLENCE	YES / NO (RING AS APPROPRIATE)
ARE YOU AT PRESENT REGISTERED / ON TRIAL WITH AN ACADEMY/ CENTRE OF EXCELLENCE	YES / NO (RING AS APPROPRIATE)
IF YES -GIVE DETAILS: _____	

SIGNED: PARENT/GUARDIAN _____	DATE: ____/____/____
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OFFICE USE ONLY

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