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**WEALDEN TRIALS 2018**

**Player name –**

**1st position -**

**2nd position -**

**Parent name -**

**Parent email -**

**Emergency contact details -**

**AGE GROUP (as of Sept 2018) - U12/U14/U16**

**Medical details-**

I ……………………………………..agree to commit to attending training sessions and making myself available for weekend matches when selected.

Player signature…………………………………….

Parent signature…………………………………….

Please complete and bring this with you on the day.