



Marlow Kites Regional Registration Form 2019

Please complete the following information in full and bring along on the trial day.

Name of player _____ D.O.B _____

Age group trialling for (please circle) U13 U14 U16

Please outline the current age group, level (i.e local league, regional, academy) and club your daughter plays in:

Playing positions: 1st _____ 2nd _____

Parent name _____ Parent contact no. _____

Contact email address _____

Address _____

Emergency contact name _____ Emergency contact no. _____

Medical information. Please note down any medical information the club should be made aware of:

Please detail any special needs or disabilities the club should be made aware of:

Do you consent to video or photography of your child for feedback or marketing? YES NO

Do you agree with the enclosed parent/carers code of conduct? YES NO

Do you agree with the enclosed player code of conduct? YES NO

Parent Name: _____ Signature _____

Date _____