

**WEST PARK UNITED  
TRIALIST / NEW PLAYER FORM  
SEASON:**



Please find listed below some important details for your information. By agreeing to a trial period, this does not commit West Park to guaranteeing a place for any trialist, with the decision of the individual Team Coach being final.

Your Team Age Group is :	
Length of Trial will be :	4 weeks or until (date)     /     /
Your Team Coach is :	
Team Coach Contact No :	
Team Training Night(s) :	
Training Night(s) Start time :	
Training Night(s) Venue :	
Team Home Venue :	
Matches played on :	
Weekly / Monthly Dues are:	
Dues payable on :	

**Club Contact Details**

**Andy Burns**  
**Club Secretary**  
**(M) 07899 992 481**  
**(E) westparkunited@gmail.com**

*This portion to be retained by the Trialist*

**Trialist Details**

**Date     /     /**

Trialist's Name :	
Date of Birth :	
Address :	
Parent / Guardian Name :	
Contact No :	
Alternative Contact Name :	
Contact No :	
Known Medical Conditions :	
Current Medication being taken :	