



Player application form

Applicant Information

Full Name: _____ Date of Birth: _____
First name Surname

Address: _____

City County Post Code

Parent Phone: _____ Email : _____

Parent/guardian name: _____

Are you a UK resident? YES NO If no, are you authorized to live/work in the UK? YES NO

Have you previously played for a football club? YES NO If yes, for who and when? _____
Position Played: _____

Do you have parental permission to use the gym and attend strength and conditioning sessions at Nuffield heath? YES NO

Do you give parental permission for YOUFF to film session and use footage for advertising/marketing and social media? YES NO

Please inform us of any outstanding health issues: (Asthma, Epilepsy, Heart conditions, Diabetes, etc...)

Player Signature: _____ Parent signature: _____