

THE FOOTBALL ASSOCIATION OF WALES Ltd ACADEMY TRIAL FORM



SECTION A – PLAYER'S DETAILS This section MUST be completed IN FULL in BLOCK CAPITALS ONLY:		
Given Forename(s):-	Surname:-	
Name of most recent previous <u>ACADEMY/JUNIOR CLUB & COUNTRY</u> for which you were registered:-	Date of Birth:-	Nationality:-
Any player currently registered with an FAW Academy is not eligible to participate in a Trial for another Academy		
Current Postal Address:-	Name of Current Junior Club:-	Place of Birth (Town & Country):-
Post Code:-		
Name of Academy:-	Age Group (Please Circle):- U12 U13 U14 U15 U16	
Start Date of Trial Period:- DD/MM/YYYY	End Date of Trial Period:- DD/MM/YYYY	
Please note that a Trial may only take place for a <u>maximum period of six weeks</u> . Please note that an academy may have a maximum of <u>two players on trial at any one time per age group up to a total maximum of four per season</u>		
Any Trialist requiring ITC will be limited to two weeks and is unable to play in Official Matches		
SECTION B – PARENT/GUARDIAN DETAILS & SIGNATURIES This section MUST be completed IN FULL in BLOCK CAPITALS ONLY:		
Parent/Guardian Full Name:-		
Parent/Guardian Signature:-	Player's Signature:-	
Date of Parent/Guardian Signature:-	Date of Player's Signature:-	
SECTION C – CLUB DETAILS This section MUST be complete IN FULL by the Academy Administrator in BLOCK CAPITALS ONLY:		
Academy Administrator's Name:-	Current Postal Address:-	
	Post Code:-	
Please provide an active email address:-	Recognised Signatory (Secretary or equivalent / Chairman or equivalent):-	
THE ACADEMY ADMINISTRATOR MUST ENSURE THIS TRIAL FORM IS SENT TO THE REGISTRATIONS DEPARTMENT		

OF THE FAW VIA EMAIL to registrations@faw.co.uk WITHIN FIVE (5) BUSINESS DAYS OF THE DATE OF THE PLAYERS SIGNATURE