

Chichester College Rugby Academy
2018/19 Academy Trials
2018 Player Nomination Form

Forms are to be returned to **steve.woolcombe@chichester.ac.uk**
By 6pm on Wednesday 1 August 2018

***Trials will be on Wednesday 29 August at Chichester College main pitch
12 – 4pm PO19 1SB***

Name
Address
Postcode Date of Birth
Telephone
Email
Mobile /Current School/college and year
Emergency Contact and Medical Information Name of Parent or Guardian
Emergency Number of Parent or Guardian
Alternative emergency contact number and name
Medical Conditions that the coach should be aware of?
Do you consider your son/daughter to have a disability? Yes/No If yes please specify.
Sports Information: Rugby Club / School – Preferred playing position – Current Coaches Name -
I give permission for (<i>Name of young person</i>) to take part in the above trials and if selected in the subsequent U17 playing programme Signed Parent/Guardian/Carer
Print Name Date
Your details will only be used by Chichester College to inform you of other activities and to monitor participation. We will not pass your details on to any third parties. <u>Once complete- email this form to the Director of Rugby – steve.woolcombe@chichester.ac.uk</u> <u>He will then reply confirming your registration.</u> <u>PLAYERS TURNING UP WITHOUT BEING PRE REGISTERED WILL NOT BE ABLE TO TRIAL</u>
For more information on the Rugby Academy please see: https://chichester.ac.uk/sports-clubs