



Please attach a
passport photo
here

TRIALS APPLICATION FORM

Please complete this form if you wish to trial for the UCP Marjon Academy of Sport (Basketball, Hockey, Volleyball, Football and Netball).

Please return completed forms Kathryn Kearney, Student Sport Officer, prior to the trials taking place.

Please note trials are open to men and women with the exception of Netball where women only are invited to apply.

Open trials will take place during Semester A, week one, please keep an eye on the website and notice board for exact times and venues. Athlete may be invited to attend subsequent trials.

Please tick box for which sport you are trialling for

Basketball Hockey Netball Volleyball Football

please complete a separate form if trialling for more than one sport

Name:	Age:
Address:	Male/Female:
	Home telephone number:
	Mobile number:
	Email address:
School that you attended:	School phone number:
Course applied for or studying at UCP Marjon	Which year of study will you be in?
Your principal sport:	

Playing position	1 st Choice	2 nd Choice
Level attained/representative honours:		

Level attained/representative honours:

Club currently playing for:

Details of any other form of funding you are receiving for your sport i.e. World Class funding, Sports Aid Foundation etc:

Sporting ambitions for the next three years and beyond:
(continue on separate sheet if necessary)

Give the name, address, e-mail and telephone number of someone in your sport who would act as a referee on your behalf if requested to do so. This should preferably be a representative of the sports national/regional governing body or coach.

Additional information you wish to provide in support of your application:
(continue on separate sheet if necessary)

Athlete Signature:

Thank you for applying to become a member of the UCP Marjon Academy of Sport

Medical Consent Form

As a precautionary measure UCP Marjon ask all participants to complete the attached Medical Consent Form. This should allow any requirement for emergency medical treatment to be administered as efficiently as possible in the event of any form of accident whilst the person is involved with a UCP Marjon activity.

Although it is optional to complete the questions at the bottom of the form, it could be of benefit to have this information available in the event of a problem arising.

Please complete the form and return with the trails application form. Thank you

Name _____

Date of Birth _____

Consent is hereby given to administer appropriate medical treatment to the above named person in the event of an injury, accident or emergency, whilst involved in a UCP Marjon activity.

Player's Signature _____

Contact Phone No. _____

Date: _____

Medical Allergies NO / YES Please Specify:

Taking Routine Medication NO / YES Please Specify:

Persistent Injury History NO / YES Please Specify:

Suffering From		Usually Wears	
Diabetes	NO / YES	Eye Glasses	NO / YES
Asthma	NO / YES	Contact Lenses	NO / YES
Epilepsy	NO / YES	Brace	NO / YES
Other	NO / YES	False Teeth	NO / YES

Please Specify: