**MK DONS SET (PRE Academy)**

**EXPRESSION OF INTEREST FORM 2020/2021**

**U7 to U15**

**PERSONAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **PLAYERS FULL NAME** |  | **Age Group** |  |
| **ADDRESS****POSTCODE** |  |
| **NATIONALITY** |  | **DATE OF BIRTH** |
|  |
| **PARENT/GUARDIAN DETAILS** |  |  |
| **NAME** **HOME NUMBER** **MOBILE NUMBER** **E-MAIL ADDRESS**  | **1:** | **2:** |
|  |  |  |
|  |  |  |
| **EMERGENCY CONTACT****NAME** **CONTACT NUMBER** |  |  |

**MEDICAL**

|  |  |
| --- | --- |
| **MEDICAL CONDITIONS** |  |
| **ANY MEDICATION/TREATMENT** |  |

**FOOTBALL**

|  |  |  |
| --- | --- | --- |
| **SATURDAY FOOTBALL CLUB** | **TEAM NAME** |  |
| **MANAGERS NAME** |  |
| **MANAGERS NUMBER** |  |
| **SUNDAY FOOTBALL CLUB** | **TEAM NAME** |  |
| **MANAGERS NAME** |  |
| **MANAGERS NUMBER** |  |

|  |  |  |
| --- | --- | --- |
| **FAVOURED POSITION** | **1ST**  |  |
|  **2ND** |  |

|  |  |
| --- | --- |
| **PREVIOUS ACADEMY/ELITE PLAYING EXPERIENCE** |  |

**SCHOOL**

|  |  |
| --- | --- |
| **SCHOOL NAME** |  |
| **SCHOOL NUMBER** |  |
| **HEADTEACHER** |  |

Please sign below to confirm all details are correct.

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT/GUARDIAN SIGNATURE:** |  | **DATE:** |  |
|  |  |  |  |