



Co Down STATSport SuperCupNI Trial Registration Form

Player's Details

Full Name	
Address	
Post Code	
E-mail address	
Date of Birth	
Current Club	
Preferred playing position	
Alternate playing position	
Dominant foot	
Parent / Guardian name(s)	
Parent / Guardian mobile no(s)	
Training wear size (Adidas)	Small / Medium / Large / Extra Large



Date trialled

£5 Admin Fee Paid



Co Down STATSport SuperCupNI

I agree to take part in the project described above as **County Trials / STATSport SuperCupNI competition** and I authorise County Down SuperCupNI committee to use the said photographs/moving footage/audio recording and words for internal and external purposes. This includes the following – academic research, publicity material, newsprint, training, webcasts, websites, screenings, festivals, competitions, exhibitions, cablecast, digital transmission, satellite broadcast, narrowcast, broadcast and licensed broadcast. I will not expect payment for my image to be used in any of the above. The County Down SuperCupNI committee owns the rights of said images and audio throughout the world/known universe.

I further confirm that as the nominated parent/guardian of the above named child that I am resident in County Down and have provided the required proof of address documentation. (household utility bill, or similar)

PLEASE PRINT

Name _____
(of parent/guardian)

Address _____

Phone _____

Signature _____ **Date** _____

Parent/Guardian Signature _____

