

# Nottingham Forest Football Club Academy



## Talent Identification Programme

### Player Profile Form

Nottingham TIP Centre

Player Registration Number

T

Scouted by

Entry Date

Exit Date

Players Name

Date of Birth / Nationality

Address

Post Code

Telephone Number

Emergency Telephone Number

Emergency Contact Name / Relationship to Player

E-Mail Address

Current Club(s)

Prominent Foot

Playing Position

Current School

Medical Conditions

Previous Injuries

A digital photo image of the player will appear here on the completed printed version of this form.

(Taken by TIP Staff)

I acknowledge I have received, read & understood the terms & conditions laid out in the 'Codes Of Conduct' / 'Medical Self Declaration' form & agree to follow them at all times during the time I am at the club (or whilst my child is at the club). I give permission for digital images & video recordings to be taken of my child. I give permission for appropriately trained staff to administer emergency medical treatment to myself (my child). I understand I (the player) have the opportunity to refuse medical treatment. I also declare the information provided on this sheet is accurate.

Players Name

Signature

Date

Parent/Guardians Name

Signature

Date

## TIP Player Development Progress Record

(Inter Development Centre Games, Select Games, Academy Trial etc...)

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Date:

Development Staff Comments / recommendations