

# Exeter College Sports Academy Player Information Form

(PLEASE COMPLETE IN BLOCK CAPITALS)

Name: .....

Address: .....  
.....  
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School: .....

Date of birth: .....

**Contact Telephone Number(s):**

Landline: ..... Mobile: .....

Email: .....

**Sport and Playing position** (be specific) .....  
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**Academic Course to link with ECSA:** .....

**Experience:** (*School, Club, County, achievements, references etc*)  
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**Please include TWO references from coaches or PE teacher**

Thank you for taking an interest in Exeter College Sports Academy.

