



SAP / NPL YOUTH TRIAL FORM – 2017 SEASON

CONTACT DETAILS

Last Name: _____ Home Phone: _____
First Name: _____ Email: _____
Date of Birth: _____
Address: _____

TRIAL INFORMATION

Age Group Trailing For [Please Circle]

Preferred Foot (Please Circle)

SAP - 9's 10's 11's 12's **PL** - 13's 14's 15's 16's

Left / Right / Both

[SAP Boundaries – St. George / Eastern Suburbs / Canterbury Districts]

Preferred Playing Position: _____ Other Playing Position: _____

2016 Club/Academy: _____

Are You Currently Under Suspension [Please Circle] Yes / No / Don't Know

Medical Conditions (Asthma etc) : _____

Any recent injury that's kept you out of football for an extended period of time: Yes / No (Please Circle)

If yes, please provide details: _____

PARENT / GUARDIAN DETAILS

Mothers Name: _____ Mothers Mobile Ph : _____

Fathers Name: _____ Fathers Mobile Ph : _____

Guardians Name: _____ Guardians Mobile Ph : _____

APPROVALS

I _____ [Print Name] hereby state that I am responsible for my own Insurance while trailing with the Rockdale City Suns Soccer Club. I agree that in the event of an injury sustained by me, the club is hereby indemnified against any action by me to recover any medical costs not covered by my personal medical insurance cover and the insurance policy provided through Football NSW Limited (if applicable)

Parent / Guardian Signature: _____ Date: _____
