



INSERT PHOTO

REPRESENTATIVE TEAM TRIAL FORM FOR 2018

\$10 TRIAL Fee applies on day

THE 15TH AND 29TH OF OCTOBER

11/U, 13/U & 15/U FROM 9AM TO 11AM
17/U & OPEN FROM 11:30AM TO 1:30PM

PLAYER DETAILS		
Name:		Age in 2017:
Date of birth:/...../.....	Phone (H):	Mobile:
Current address:		
Suburb:	Post Code:	VNA No: (if known)
Email:		
COMPETITION EXPERIENCE		
Playing Experience: Yr	Club:	Sect:
Playing Experience: Yr	Club:	Sect:
Playing Experience: Yr	Club:	Sect:
POSITION TRAILING		
Age Group: <input type="checkbox"/> 11/u <input type="checkbox"/> 13/u <input type="checkbox"/> 15/u <input type="checkbox"/> 17/u <input type="checkbox"/> Open		
Playing Position (pick 3 only) <input type="checkbox"/> GS <input type="checkbox"/> GA <input type="checkbox"/> WA <input type="checkbox"/> WD <input type="checkbox"/> C <input type="checkbox"/> WD <input type="checkbox"/> GD <input type="checkbox"/> GK		
MEDICAL INFORMATION		
Medicare No:	Position No:	Expiry Date:
Private Heath Company:		Membership No:
Doctor:	Address:	
Suburb:	Post Code:	Allergies:
Phone:	Present Injuries:	Ambulance Cover: Yes / No
EMERGENCY CONTACT		
Name of a relative:		
Address:		Phone (h):
Suburb:	Post Code:	Mobile:
Relationship:	Email:	
SIGNATURES		
I authorize that the information provided on this form is correct, and can be used by the Northern Storm Netball Club for promotion purposes, and on Web Site if required. I acknowledge that my information will be kept private in all other circumstances as per the law. I also acknowledge that my trialing does not guarantee me a position in any teams selected, and that I will be selected on merit and skills required for these teams as decided at these trials.		
Signature of Parent/Guardian if applicant U18 years:		
Signature of applicant:		Date:

CLOSING DATE - TUESDAY 10TH OCTOBER 2017

Trial forms to be MAILED OR EMAILED to

Northern Storm Netball Club
P.O. Box 79
Watsonia Vic 3087
Phone: 0420 827 230
Email: admin@northernstormnetball.net
Website: www.northernstormnetball.net