



No form of Representative clothing, caps, slickers or jackets are to be worn to the trials



Winter Development Program – 2007 Application Form

Forms can be faxed to 9675.4533 or posted to PO Box 63, Mt Druitt NSW 2770

Age Group : U12 U14 U16 (Note : DOB as at December 31, 2007 applies)
(Tick Appropriate Box)

1. **Athlete Details** (Please print clearly) My Club Membership Number : _____
(Obtain this from your Club Administrator)

Full Name: _____

Address: _____

Postcode: _____ Date of Birth: ___ / ___ / ___ Club: _____

Phone: (Home) _____ (Athlete's Mobile) _____

Email: (Athlete's) _____

Parents/Caregiver Full Names: _____

(Parents/Caregiver Mobile) _____ (Email) _____

2. **Baseball Details**

Height: _____ (cm) Weight: _____ (kg)

Throws: Left / Right / Both Circle the appropriate selection

Bats: Left / Right / Switch Circle the appropriate selection

3. **Preferred Trialing Positions :**

1. _____ 2. _____

4. **Parental/Caregivers Consent**

- I give permission for my child to participate in the trials and confirm that he / she has no medical history that would prevent him / her from participating in the program.

SIGNED: _____ (Athlete's / (Parent's) Signature) _____ (Date)

Please tick if you **DO NOT** want your child's image, and / or name, to appear on the website or other media publications

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