

CONSENT DECLARATION

I understand the conditions and give permission for my child to participate in the Bankstown District representative team trials and subsequent teams if selected. If in the event of an accident or serious illness and I cannot be contacted, I give permission for the Association officials to seek medical attention / ambulance on my behalf. I understand as the parent / guardian of this player to follow NSWJBL procedures for notification of the use of any prescribed medication

Signed Date

PLAYER INFORMATION

WHERE APPROPRIATE PLEASE CROSS OUT WHAT IS NOT APPLICABLE

SURNAME:	GIVEN NAME:
DATE OF BIRTH:	ALLOCATION NUMBER (ASSOCIATION USE)
TRIALLING FOR:	CLUB YOU ARE REGISTERED WITH
<input type="checkbox"/> U/12 <input type="checkbox"/> U/14 <input checked="" type="checkbox"/> U/16 CIRCLE CORRECT AGE GROUP	

NOMINATED POSITIONS	
1.	2.
BATS	
LEFT	RIGHT
THROWS	
LEFT	RIGHT

HOME ADDRESS	
POSTCODE	
PARENT'S NAMES:	
HOME PHONE	MOBILE PHONE
	FAX NO.

EMAIL ADDRESS IF AVAILABLE:
