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**Trial Exemption Form**

**2019 Australian Junior Championships**

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| **Players Name:** |  | Male / Female  (Please Circle) |
| **Date of Birth:** |  | |
| **NT Team trialling for:** | U18 Boys U18 Girls U16 Boys U16 Girls  (Please circle) | |
| **Basketball experience:** |  | |
| **Do you currently reside in NT?** |  | |
| **Does a parent/guardian reside in NT?**  **(Provide current residential address of parent)** |  | |

|  |  |
| --- | --- |
| **Name of current club** |  |
| **Grade of team** |  |
| **Contact details of coach**  **(for reference purposes)** |  |

|  |  |
| --- | --- |
| **Parent/guardian name:** |  |
| **Contact details:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Reason exemption is sought** |  |
| **Other details for consideration** |  |

**BNT use only:**

This exemption has been approved / not approved.

Pathway Manager signature: …………………………. Date: …………………..