APPLICATION TO TRIAL FOR 2023 REPRESENTATIVE SELECTION

Team: Boys / Girls   Under 12 / Under 14 / Under 16 / Under 18

Trial Number (please leave blank): _____

Name: _____

Address: _____

Phone: _____ Email: _____

Parents Name/s: _____

Parents Phone: _____ Parents Email: _____

Date of Birth: _____ Country of Birth: _____

School attended and year: _____

Height: _____ Weight: _____

Preferred playing position/s: _____

Medical Conditions: _____

Are you currently a registered member of Basketball NSW   Yes/No

Are you a returning Bulls representative player?   Yes/No

If no, have you played **representative** basketball for another Association?   Yes/No

If yes, do you have a Permission to Trial Form/Clearance Form (please attach)?   Yes/No

Which Association did you previously play for? _____

What age group/division and year did you last play in? _____

Do you play the the Bulls Local comp?   Yes/No

If yes, what age group/team: _____

Do you play basketball at school?   Yes/No

If yes, which school and team: _____

Are you trialling for other Associations this year?   Yes/No

If yes, which ones? _____

Do you have refereeing qualifications?   Yes/No   Would you like to referee in the future?   Yes/No

Would your parents like to volunteer as assistant coaches, managers or in other capacities   Yes/No

If there is anything else you would like us to know about your basketball history, please record on the back.

At the Bulls, commitment, team spirit, respect and good sportsmanship are very important to us. We warmly invite you to trial for selection for our representative programs. We would ask you to acknowledge and agree to the fact that along with inclusion in representative basketball programs, comes a number of conditions and commitments, importantly including financial, behavioural and time commitments, that we expect you to support. Please note that whilst trialling for the Inner West Bulls representative teams existing members of BNSW are covered by their normal insurance conditions. However non members are required to complete a waiver form, and trial at their own risk.

Player Name: _____ Parent Name: _____

Player Signature: _____ Parent Signature: _____

Date: _____