

# TRIAL REGISTRATION FORM - 2016



Please complete this form and give to the coach at your first trial.

Age Group Trialling for: **U** / .....  
(Please refer to page 2 for age groups as per year of birth)

## PLAYER INFORMATION:

Surname:.....

Given Names:.....

Date of Birth:.....

Street Address:.....

Suburb:..... Post Code:.....

Family Email Address:.....

Contact Number:.....

Previous Club:.....

Preferred Position:.....  
(Under 12 – 17 only)

Have you played in the FFSA before? Yes / No

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## Parent/Guardian Contact Details

Full Name:.....

Email Address:.....

Contact Number:.....

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## Medical Information

Please advise of any current medical conditions you may have, eg Asthma.

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Signature of Parent / Guardian: .....

Date:.....

If my child is NOT selected in the first team in his/her age group, Yes / No  
I am willing for them to play in Modbury's second team in that same age group.

**As of 2016, all junior players will need to play in their correct age group.**

**Players can play up one year level with coaches approval.**

<b>Year of Birth</b>	<b>Age Group</b>
2010 / 2011	Under 6
2009	Under 7
2008	Under 8
2007	Under 9
2006	Under 10
2005	Under 11
2004	Under 12
2003	Under 13
2002	Under 14
2001	Under 15
2000	Under 16
1999	Under 17