



DULWICH HILL FC

TRIAL FORM NPYL2 2018 season

Trial Id.

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ALL TRIALLING PLAYERS MUST BRING SUFFICIENT WATER, BOOTS AND SHIN GUARDS

Team trialling for (u13,u14,u15,u16) UNDER _____

DATE OF BIRTH. ____/____/____

Players Name: _____ Best Contact No: _____

Email : _____ Home No. _____

Address: _____

Will you play soccer or other representative sports on weekends for your school in 2018?

YES / NO If yes please give details _____

Where did you play soccer in 2017 _____ Position _____

Position trialling for: _____

Second / Third Choice Position: _____ / _____

Which is your preferred foot? (Circle please) Left Right

Please be advised that should your child be selected you will need to sign a FNSW Memorandum of Undertaking.

In the interest of player safety, does the player suffer from:

Asthma YES/ NO Epilepsy YES/NO Heart condition YES / NO
if yes **please ensure** you have the appropriate medication with you ,

I _____ state that I am responsible for my sons Insurance while trialling with the Dulwich Hill FC. I agree that in the event of an injury sustained by my son, the club is hereby indemnified against any action by me to recover any medical costs not covered by my personal medical insurance cover and the insurance policy provided through Football NSW Limited (if applicable)

_____/_____/2017

Parent/ Guardian

Signature

Dated