

SPRINGWOOD UNITED FOOTBALL CLUB INC.

"united in sport, uniting the community"



Expression of Interest to Participate in Grading, Train-On Squads, Trials.

Please print clearly

SURNAME: _____

CHRISTIAN NAME: _____

DATE OF BIRTH: _____ / _____ / _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

MOBILE/HOME #: _____

EMAIL ADDRESS: _____

Trialling/Grading in Age Group: Under _____

Please complete your playing details for the last 2 seasons.

CLUB DETAILS:

LAST 2 YEARS	CLUB	POSITION

WHAT IS YOUR PREFERRED PLAYING POSITION:

1.	2.
3.	4.

*** Player 18 years and older, or Parent/Guardian Player under 18 years of age must print and sign ***

I, (Print & Sign) acknowledge that this is a trial situation involving but not limited to drills, exercise, small sided games and competitive football matches and that there is risk of injury.

In the event of sustaining an injury I, acknowledge that the registration process and payment of registration fees is required to permit the submission of any claim against the Accident Support Program.

PARENT/GUARDIAN NAME: _____

EMERGENCY CONTACT NO: _____