

**2019 GIPPSLAND STORM TRYOUT SELECTION APPLICATION**

**2019**

**2017 GIPPSLAND STORM TRYOUT SELECTION APPLICATION**

**PRE REGISTER: Return completed application by Friday 6th October to: Please note: Only white shirts and black bottoms.**

**Mail: Gippsland Storm PO BOX 675 Pakenham 3810 Email:** **info@gippslandstorm.com.au** **No team jerseys.**

**ALL APPLICATIONS WILL BE ACCEPTED ON THE DAY – PRE REGISTRATION ENCOURAGED**

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| --- |
| Player Contact Details  |
| Name: |
| Address: | Suburb: | Post Code: |
| Mobile: | Home: |
| Email Address: |
| Player Personal Details  |
| Date of Birth: | Age at 31/12/2019: Team trialling for: Please circle one only U13 – U15 – U17 - Open | VNA #: |
| Preferred Playing Positions (Minimum 2) |
| 1. | 2. | 3. |
| Current Playing Details |
| Current Club | Grade Level | Club Contact (Phone and Email) |
|  |  |  |
| Current Injuries or Medical Conditions |
|  |
| Parent/Guardian Contact Details (If player is under 18 years, complete below details) |
| Parent/Guardian Name: |
| Address: | Post Code: |
| Mobile: | Home: |
| Email Address: |
| * Gippsland Storm undertakes to retain all personal information provided, and only use provided information to communicate to relevant clubs where the welfare of a registered Storm player is paramount
* Any consultation by a registered Storm player, with our sponsor Inspire Physiotherapy, shall be documented and corresponded to the relevant people within Gippsland Storm for the purpose of determining whether a player is able to participate in scheduled training and games
* Photos may be taken at the Gippsland Storm Tryout Selections and may also be used for promotional purposes (social media, Gippsland Storm/ Monash Storm website or reproduced in newspapers etc.). By signing below, you give consent for you/your child’s image to be utilized in this means
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| Player/Parent Signature: | Date: |
| Office Use Only |
| Position | Round | Position | Round |
| Position | Round | Position | Round |
| Position | Round | Position | Round |