



# 2018 GIPPSLAND STORM TRYOUT SELECTION APPLICATION

**PRE REGISTER: Return completed application by Friday 6th October**

Mail: Gippsland Storm PO BOX 675 Pakenham 3810 Email: [info@gippslandstorm.com.au](mailto:info@gippslandstorm.com.au)

UNIFORM: Please wear a plain white t-shirt, black/blue shorts and white socks. No pockets or Saturday team uniforms.

Initial for acknowledgement please

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

Player Contact Details			
Name:			
Address:		Suburb:	Post Code:
Mobile:			Home:
Email Address:			
Player Personal Details			
Date of Birth:		Age at 31/12/2018:	VNA #:
Preferred Playing Positions (Minimum 2)			
1.	2.	3.	
Current Playing Details			
Current Club		Grade Level	Club Contact (Phone and Email)
Past Playing History and Achievements			
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:			
<ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>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</li> </ul>			
Player/Parent Signature:			Date:
Office Use Only			
Position	Round	Position	Round
Position	Round	Position	Round
Position	Round	Position	Round