

**Fast Break Basketball Club
Player Information Sheet
National League Trial
Under 14 Boys
Saturday May 22nd 2010
2.00pm – 4.00pm**

Name.....Age.....

Date of Birth.....

Address.....

.....Post Code.....

Telephone..... Mobile.....

Emergency Contact.....

E-mail.....

Medical Information. Please indicate if there are any medical conditions that our coaches need to be made aware of.....

.....

I understand that in the event of any injury or illness, all reasonable steps will be taken to deal with the injury or illness in an appropriate manner.

Signed Parent / Guardian.....