

**Fast Break Basketball Club  
Player Information Sheet  
National League Trial  
Under 14 Boys  
Saturday May 22<sup>nd</sup> 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.....**

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**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.....**