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| --- | --- | --- |
| SydneyRoostersLogo | **SYDNEY ROOSTERS INDIGENOUS ACADEMY**  2020 TARSHA GALE U18s  TRIAL REGISTRATION FORM |  |

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Last Name | | |
| Address | | | |
| Suburb | | Postcode | |
| Home Phone Number | Mobile Phone Number | | |
| Email Address | Date of Birth | | |
| Occupation or School | | Year at School (e.g. Year 11) | |
| Indigenous or Torres Strait Islander | | YES | NO |
| Current Club | Rugby League District (e.g. Parramatta, Penrith, South Sydney) | | |

**PLAYING & REPRESENTATIVE HISTORY**

|  |
| --- |
| 2018 |
|  |
| 2017 |
|  |

**PREFERRED PLAYING POSITIONS**

|  |  |  |
| --- | --- | --- |
| 1st preference | 2nd preference | 3rd preference |

I acknowledge that the Sydney Roosters Rugby League Football Club accepts no liability for injuries sustained during Open and/or Invited Trial matches.

|  |  |
| --- | --- |
| **Signature** | **Date** |

**ALL FORMS NEED TO BE COMPLETED AND RETUNED TO BLAKE CAVALLARO BY FRIDAY 27th September blakec@sydneyroosters.com.au**