



**FRASER PARK FOOTBALL CLUB**  
**TRIAL REGISTRATION FORM – 2018**

**PLAYER INFORMATION** (Please Print Clearly) Date.....

**SURNAME:**..... **FIRST NAME:**.....

**Please circle which grade:**    **SAP**      **9's**                      **10's**                      **11's**                      **12's**

**U13'S**                      **U14'S**                      **U15'S**                      **16'S**                      **U18'S**

**Date Of Birth:**..... **Mob:**.....

Email Address: .....

Team played for in 2017:.....2016:.....

**Preferred position:**.....

**PARENTS/GUARDIAN**

Surname:..... First Name:.....

Relationship to Player:.....

Address:.....

Home Ph:..... Mob: .....

Email Address: .....

**MEDICAL INFORMATION** . Are you injury free & fit to trial ? Yes  No

Allergies/Medical Conditions: .....

Medication: .....

**Club Disclaimer**

I commit myself/my son to trial for Fraser Park Fc, in doing so accept any & all liability in the case of sickness or injury incurred to myself/my child during the trial period. I allow all employees of Fraser Park Fc to take any measures they deem necessary in cases of emergency involving my child. Fraser Park Fc & its employees will not be liable for any medical expenses incurred as a result of injuries attained during the trial period.

**PLAYER SIGNATURE:**.....**PARENT SIGNATURE:**.....