| STUDENT DETAILS            | Name of Football Club student is currently   |
|----------------------------|--|
| Family Name                | playing for  |
|                            |  |
| Given Name                 | Division   |
| Address                    |  |
|                            | Student Health Concerns  |
|                            | Are there any health concerns about the student seeking to be enrolled that the school should be                                 |
|                            | aware of?  |
| Gender Male Female         |  |
| Date of birth              | Yes No If <b>Yes</b> , please provide a brief description of the   |
| School currently attending | circumstances.   |
| Current school grade       |  |
| FAMILY CONTACT DETAILS     |  |
| Parent/carer 1             |  |
| Family Name                |  |
| Tarring Name               |  |
| Given Name                 |  |
|                            |  |
| Address                    |  |
|                            | PARENT/CARER DECLARATION   |
|                            | I the undersigned, herby certify that I am the parent or legal   |
| Relationship to Student    | guardian of the child. I hereby give permission for Bossley  |
| Telephone                  | Park High School staff to seek appropriate medical attention for the child and for the medical attention to be given and for     |
| ·                          | the child to receive medical attention in the event of accident, injury or illness. I will be responsible for costs of medical   |
| Home                       | attention and treatment. I, the undersigned, for ourselves, our  |
| Mobile                     | heirs, executors and administrators waive, release and forever discharge Bossley Park High School and its staff, officers,       |
| Email                      | agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or            |
|                            | loss to person or property which may be sustained or occur during participation in the football trials and subsequent            |
| Parent/carer 2             | programs, whether or not damages, injury or loss is due to   |
| Family Name                | negligence. I hereby acknowledge that our child is physically fit and mentally capable of participating in these football trials |
| Given Name                 | and program.   |
|                            | Signature of parent/carer  |
| Address                    | Dried to a con-  |
|                            | Print name   |
|                            | Date   |
|                            |  |
| Relationship to Student    |  |
| Telephone                  |  |
| Home                       |  |
| Mobile                     |  |
| Email                      |  |
|                            |  |

## STUDENT SELF NOMINATION INFORMATION

## To be completed by the student for whom this application is being made.

| If you were given the chance to meet anyone in the past or present, who would you most like to meet and why? | What interests you about these subject/s?   |
|--|---|
|  |   |
|  |   |
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|  |   |
|  |   |
|  |   |
| What is your preferred playing position?   | When you are not at school, what other interests or hobbies do you have?              |
|  |   |
| Give examples of your favourite players.   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| How many hours per week do you spend training?   |   |
| What is your favourite subject/s?  | If you can't be a football player, what would you aspire to do when you leave school? |
| , ,  |   |
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|  |   |
|  |   |
|  |   |
| Signature of student   | Date  |