



2010 JUNIOR ELITE PROGRAM REGISTRATION



FIRST NAME _____ SURNAME _____

ADDRESS _____

SUBURB _____ POSTCODE _____

EMAIL _____

MOBILE _____ HOME PHONE _____

DOB ____/____/____ CLUB _____

REGION: to be determined by place of residence; please refer to regional map.

North	<input type="checkbox"/>
South	<input type="checkbox"/>

SCHOOL _____

PREFERRED POSITION _____

2ND POSITION _____

MEDICAL CONDITIONS

Please tick the programs you wish to be involved in (relevant to age group). Players who DO NOT register for trials WILL NOT be eligible for selection.

U14 REGIONAL TRIALS (born in 1996)				U15 REGIONAL TRIALS (born in 1995)				U16 REGIONAL TRIALS (born in 1994)			
<input type="checkbox"/>	<input type="checkbox"/>	Trial 1 - 13th June	10:00am - 2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	Trial 1 - 21st March	10:00am - 2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	Trial 1 - 20th June	10:00am - 2:00pm
<input type="checkbox"/>	<input type="checkbox"/>	Trial 2 - 16th June	6:30pm - 8:30pm	<input type="checkbox"/>	<input type="checkbox"/>	Trial 2 - 24th March	6:30pm - 8:30pm	<input type="checkbox"/>	<input type="checkbox"/>	Trial 2 - 23rd June	6:30pm - 8:30pm
North		Perth-Bayswater Rugby Club, Pat O'Hara Morley		North		Perth-Bayswater Rugby Club, Pat O'Hara Morley		North		Perth-Bayswater Rugby Club, Pat O'Hara Morley	
South		Rockingham Rugby Club, Port Kennedy		South		Rockingham Rugby Club, Port Kennedy		South		Rockingham Rugby Club, Port Kennedy	
Closing Date: Monday 7th June				Closing Date: Monday, 15th March				Closing Date: Monday 14th June			

I cannot make any of the relevant trials and as such would like to be viewed at Club or School matches

Reason I can't trial:

Parental consent

I allow my child to participate in the above programs.

Parent / guardian signature

Date

Return to: Wendy Hickman. PO Box 146 Floreat WA 6014. Fax: 08 93872945. Email: wendy.hickman@rugbywa.com.au