



# Shellharbour City Basketball Club Inc

## TRIALS EXEMPTION REQUEST

### Player Information:

- **Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Team/Club:** \_\_\_\_\_
- **Position:** \_\_\_\_\_

### Parent/Guardian Information (if under 18):

- **Name:** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

### Exemption Request Details:

- **Trial Date(s) to be Exempted From:** \_\_\_\_\_
- **Reason for Exemption Request:** (Please check one)
  - Medical (attach doctor's note)
  - Travel
  - Family Obligation
  - Other (please specify): \_\_\_\_\_

**Supporting Documents:** (Attach any relevant documents supporting your exemption request)

**Acknowledgment:** I, the undersigned, certify that the information provided is accurate and complete to the best of my knowledge. I understand that submitting this form does not guarantee exemption and that Shellharbour City Basketball Club will review and decide based on the information provided as to whether you will automatically progress to the next trial.

- **Player's Signature:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
  - **Parent/Guardian's Signature (if under 18):** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
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**Submission Instructions:**

- **Submission Deadline:** 6<sup>th</sup> September 2024
- **Contact Person:** Registrar
- **Email Address:** scbasketballclub@outlook.com