



Basketball New South Wales
PO BOX 198
Sydney Markets NSW 2129
Tel: 02 8765 8555
Fax: 02 8765 8588
Web: www.bnsw.com.au

JUNIOR PLAYER PERMISSION TO TRIAL FORM

(PLEASE PRINT IN BLOCK LETTER)		PLAYER DETAILS		SECTION 1	
Last name:	First:	Birth date: ___ / ___ / ___	Age:	Sex:	
Street Address/ PO BOX:		City:	State:	Postcode:	
Home:	Mobile:	Email:			
I Wish to Apply for Permission To Trial in: <input type="checkbox"/> Eastern Junior League <input type="checkbox"/> Metro Junior League <input type="checkbox"/> Northern Junior League <input type="checkbox"/> Southern Junior League <input type="checkbox"/> Western Junior League					
I Wish to Apply for Permission To Trial at the following Association/s (Must list all Associations you are trialing for and provide the same copy to all): _____ _____					
Applicants Signature:		Date:	Approval of Parent/Guardian:		Date:

(PLEASE PRINT IN BLOCK WRITING)		ASSOCIATION APPROVAL		SECTION 2	
Last Name:	First name:	Association:			
Certify that Permission To Trial for the above applicant has been approved between the following dates					
Signed:	Position:	Date: ___ / ___ / ___			

IMPORTANT INSTRUCTIONS	
1. Permission to Trial applications must be signed and returned to the player within 5 (five) Days of the permission to trial being presented.	
2. This is NOT A CLEARANCE and players may not play in any Basketball NSW conducted competitions without a processed clearance.	
3. It is recommended that all parties retain a copy of this agreement. This form does not need to be sent to Basketball NSW.	